

## TEXAS PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

<b>Policy Number:</b>	<b>Policy Effective Date:</b>
<b>Company:</b>	
<b>Applicant/Named Insured:</b>	

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

### **Personal Injury Protection Coverage**

Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident.

Please indicate your choice with respect to Personal Injury Protection Coverage from either **A.** or **B.** as follows:

**A. Selection Of Personal Injury Protection Coverage**

If you wish to select Personal Injury Protection Coverage, you may do so by initialing next to the appropriate item and signing below:

(Initials)	I select Personal Injury Protection Coverage at the following limit:	
(Choose one):		
(Initials)	Personal Injury Protection Coverage Limits	
_____	\$	2,500
_____		5,000
_____		10,000
_____		25,000
_____		50,000
_____		75,000
_____		100,000
_____	_____	(Other)

OR

**B. Rejection Of Personal Injury Protection Coverage**

If you wish to reject Personal Injury Protection Coverage, you may do so by initialing and signing below:

(Initials)
_____ I reject Personal Injury Protection Coverage.

\_\_\_\_\_  
Signature Of Applicant/Named Insured

\_\_\_\_\_  
Date