

WASHINGTON PERSONAL INJURY PROTECTION COVERAGE REJECTION

Named Insured:	
Policy Number:	Effective Date:
Company:	Agency:

Washington 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 hospital expenses, income continuation, loss of services and funeral expenses to or for an insured who sustains bodily injury caused by an automobile accident.

If you wish to reject this coverage completely please read and sign the form below.

I understand that by rejecting this coverage I am making the selection with regard to all household members and any other persons who suffer bodily injury while in, upon or on the vehicle(s) as shown on the Policy Declarations Page. I attest that I have been offered Personal Injury Protection coverage at basic limits and have reviewed the coverage prior to making this selection.

I reject Personal Injury Protection Coverage. I understand that this rejection of coverage will remain in effect for this policy term, future renewal terms and for policy rewrites, reissue or changes until a Named Insured has requested they be changed in writing.

Named Insured Signature

Date