



Named Insured _____

Policy Number _____

Personal Injury Protection Coverage Explanation

Personal Injury Protection Coverage, subject to the Limits of Liability you purchase, provides you with coverage for medical and hospital expenses, funeral expenses, income continuation, and loss of services, required because of injuries that you sustain in an auto accident. The coverage applies separately to the driver and each passenger in a covered auto, and for you and your family members if injured by an auto as a pedestrian. Coverage also applies to a pedestrian when struck accidentally by your covered auto.

Personal Injury Protection Coverage applies without regard to fault or liability for the auto accident.

Washington state law (RCW 48.22.085) requires that this coverage be offered on each eligible vehicle covered on your policy unless you specifically reject the coverage in writing.

Under Washington law (RCW 48.22.095), the minimum limits for Personal Injury Protection are \$10,000 for Medical and Hospital Expenses, \$2,000 for Funeral Expenses, up to \$200 per week for Income Continuation for one year, and \$5,000 (limited to \$40 per day and \$200 per week) for Loss of Services. Higher limits, up to \$35,000 for both Medical Expenses and Loss of Income, are available as an option.

Do not sign the statement below if you have unanswered questions about Personal Injury Protection Coverage. Once you have rejected this coverage, we will not offer it again on this policy or any renewal or replacement policy unless you ask us to provide the coverage.

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE – WASHINGTON

Personal Injury Protection Coverage has been explained to me. I understand the coverage and request that my policy be issued without this coverage or changed to delete this coverage.

This statement will remain in force until I request, in writing, that it be changed or revoked.

This statement of rejection applies to ALL VEHICLES insured on my policy and is effective: _____.

Must be signed by a Named Insured.

Named Insured's Signature

Date

Named Insured's Signature

Date

Agent's Signature / Date (Optional)

- Mutual of Enumclaw Insurance Company
- Enumclaw Property and Casualty Insurance Company