

Personal Injury Protection Coverage

This form acknowledges that you have been offered the opportunity to:

- select **Personal Injury Protection Coverage** at basic limits set by Washington law;
- select **Personal Injury Protection Coverage** at available intermediate limits;
- select **Personal Injury Protection Coverage** at increased limits set by Washington law; or
- reject **Personal Injury Protection Coverage**.

Selection or Rejection Form

Washington

Personal Injury Protection Coverage will pay benefits for an insured who sustains bodily injury caused by an automobile accident arising out of the ownership, maintenance or use of a motor vehicle as a motor vehicle. The following benefits are provided at the limits you select:

- payment of reasonable and necessary medical expenses;
- payment of funeral expenses;
- payment of income continuation benefits; and
- reimbursement for reasonable expenses for essential household services an insured would usually have performed without compensation if actually performed by someone who is not a member of the injured person's household.

Please make your choice of one of the following options and sign this form.

Basic Limits

I wish to include **Personal Injury Protection Coverage** at the following basic limits:

Benefits	Limit of Liability
Medical and Hospital Expenses	\$10,000
Funeral Expenses	\$ 2,000
Income Continuation Benefits	\$10,000 subject to a maximum of \$200 per week
Loss of Services Benefits	\$ 5,000 subject to \$40 per day, not to exceed \$200 per week

Intermediate Limits

I wish to include **Personal Injury Protection Coverage** at the following intermediate limits:

Benefits	Limit of Liability
Medical and Hospital Expenses	\$25,000
Funeral Expenses	\$ 2,500
Income Continuation Benefits	\$10,000 subject to a maximum of \$200 per week
Loss of Services Benefits	\$ 5,000 subject to \$40 per day, not to exceed \$225 per week

Increased Limits

I wish to include **Personal Injury Protection Coverage** at the following increased limits:

Benefits	Limit of Liability
Medical and Hospital Expenses	\$35,000
Funeral Expenses	\$ 3,500
Income Continuation Benefits	\$35,000 subject to a maximum of \$700 per week
Loss of Services Benefits	\$ 40 per day

Rejection

I acknowledge and agree that the Company has offered **Personal Injury Protection Coverage** at basic, intermediate and increased limits and I hereby reject **Personal Injury Protection Coverage** entirely.

I understand that the coverage selections and choices indicated here or in any state supplement will apply to all future policy renewals, continuations, reinstatements, replacements or changes unless I notify you or my agent or broker in writing.

Date _____ Accepted (Named Insured's Signature)
 I..... I.....

Policy Number

This **Coverage Selection or Rejection Form** is not intended to be a full description of coverage, just a brief overview. For a complete description of coverage, please refer to the policy.