

INSURANCE COMPANY  
 INDEMNITY COMPANY

**MUST be completed if Auto Liability Coverage is requested**

1. Applicant Name

2. DBA, if any

### PENNSYLVANIA FRAUD WARNING

**WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

### IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraph (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident under the liability coverage.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

Date Application Completed \_\_\_\_\_

Signature of Agent of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ **X**

Address of Agent \_\_\_\_\_

**THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER THIS IS NOT A BINDER**

**UNINSURED / UNDERINSURED PREMIUM & LIMIT INFORMATION**

Using the information contained on this page, please make your Uninsured / Underinsured selections on the following pages.

**NON STACKED LIMIT & PREMIUM INFORMATION**

LIMIT	NON STACKED UM	NON STACKED UIM
15/30	40	9
35/35	53	16
40/40	53	18
45/45	54	20
50/50	55	23
55/55	55	25
60/60	56	27
65/65	57	29
70/70	58	31
75/75	59	34
80/80	59	36
85/85	60	38
100/100	63	45
250/250	70	97
300/300	71	116
325/325	72	125
350/350	73	134
500/500	74	158
750/750	75	175
1000/1000	76	192

**STACKED LIMIT & PREMIUM INFORMATION**

LIMIT	STACKED UM	STACKED UIM
15/30	41	10
35/35	79	24
40/40	80	27
45/45	81	31
50/50	82	35
55/55	83	38
60/60	84	41
65/65	85	44
70/70	86	47
75/75	87	51
80/80	89	54
85/85	90	57
100/100	93	67
250/250	106	146
300/300	107	174
325/325	107	187
350/350	108	201
500/500	112	236
750/750	113	262
1000/1000	116	288

**UNINSURED MOTORIST COVERAGE**

**Step A - Reject UM Coverage**

**REJECTION OF UNINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting uninsured motorist coverage under the policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*If you signed the above rejection, proceed to Step A of next page. If you did not sign the above rejection, proceed to Step B.*

**Step B - Select limit of liability if UM Coverage is desired.**

You have the right to purchase limits equal to but not greater than your bodily injury liability limits. Coverage cannot be purchased for less than financial responsibility limits of \$15,000 per person, \$30,000 each accident or \$35,000 combined single limit. Indicate your desired limit in the space below:

\_\_\_\_\_ per person \_\_\_\_\_ each accident or \_\_\_\_\_ combined single limit

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*If you selected UM coverage, proceed to Step C if you desire to select or reject stacking of limits.*

**Step C - Selection or Rejection of stacking of limits for premium reduction**

**SELECTION OR REJECTION OF STACKED UNINSURED MOTORIST PROTECTION**

**Stacking Options:** If you have chosen to purchase Uninsured Motorist Coverage, your next option is to determine if you want to stack limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

- Purchase of Stacking: I wish to purchase stacking of Uninsured Motorist Coverage
- Rejection of Stacking: I wish to reject stacking of Uninsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Uninsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*Proceed to Step A of the next page.*

**UNDERINSURED MOTORIST COVERAGE**

**Step A - Reject UIM Coverage**

**REJECTION OF UNDERINSURED MOTORIST PROTECTION**

By signing this waiver I am rejecting underinsured motorist coverage under the policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*If you signed the above rejection, proceed to next page. If you did not sign the above rejection, proceed to Step B.*

**Step B - Select limit of liability if UIM Coverage is desired**

You have the right to purchase limits equal to but not greater than your bodily injury liability limits. Coverage cannot be purchased for less than financial responsibility limits of \$15,000 per person, \$30,000 each accident or \$35,000 combined single limit. Indicate your desired limit in the space below:

\_\_\_\_\_ per person \_\_\_\_\_ each accident **or** \_\_\_\_\_ combined single limit

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*If you selected UIM Coverage, proceed to Step C if you desire to select or reject stacking of limits.*

**Step C - Selection or Rejection of stacking of UIM limits for premium reduction**

**SELECTION OR REJECTION OF STACKED UNDERINSURED MOTORIST PROTECTION**

**Stacking Options:** If you have chosen to purchase Underinsured Motorist Coverage, your next option is to determine if you want to stack limits of your policy. Stacking means you can claim a total of the amounts of Underinsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Underinsured Motorist Coverage. There is an additional premium for this coverage.

- Purchase of Stacking: I wish to purchase stacking of Underinsured Motorist Coverage
- Rejection of Stacking: I wish to reject stacking of Underinsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Underinsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

\_\_\_\_\_ **X** \_\_\_\_\_  
Signature of First Named Insured Date

*Proceed to next page.*

**BASIC FIRST PARTY MEDICAL BENEFIT COVERAGE**

The following benefit and coverage amount is provided:

Medical Benefit: \$5,000

**INCREASED FIRST PARTY MEDICAL BENEFIT COVERAGE**

I wish to increase my First Party Medical Benefit as indicated below. I realize that the limit I have selected below includes the limit provided in the Basic First Party Medical Benefit and is not in addition to the above stated Basic First Party Medical Benefit Limit.

Increased Medical Benefit Amount

- \$10,000     \$25,000     \$50,000     \$100,000

**OPTIONAL FIRST PARTY BENEFIT COVERAGES**

I wish to purchase the Optional First Party Benefit Coverages as indicated below:

Income Loss Benefit Monthly / Total	Accidental Death Benefit	Funeral Benefit
<input type="checkbox"/> \$1,000 / 5,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$1,500
<input type="checkbox"/> \$1,000 / 15,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$2,500
<input type="checkbox"/> \$1,500 / 25,000	<input type="checkbox"/> \$25,000	
<input type="checkbox"/> \$2,500 / 50,000		

**COMBINED FIRST PARTY BENEFIT OPTION**

As an alternative to the benefit options listed above, I wish to purchase the Combined First Party Benefit in the total limit as indicated below:

- \$50,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
- \$100,000 (\$2,500 Funeral and \$10,000 Accidental Death Benefits)
- \$177,500 (\$2,500 Funeral and \$25,000 Accidental Death Benefits)

**EXTRAORDINARY MEDICAL BENEFITS COVERAGE**

I wish to increase my medical expense benefits as indicated below. I realize that the limit will be in addition to the Basic First Party Medical Benefit or the Increased First Party Medical Benefit Coverage. **The Extraordinary Medical Benefits Coverage does not apply to the first \$100,000 of medical expense incurred by any insured.**

Extraordinary Medical Benefits Amount

- \$100,000     \$300,000     \$500,000     \$1,000,000

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date