



National Casualty Company

Scottsdale Indemnity Company

PERSONAL INJURY PROTECTION COVERAGE OPTIONS DISCLOSURE FORM—FLORIDA

This is a summary of the required benefits of Personal Injury Protection coverage (PIP) and PIP options. No coverage is provided by this summary, nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the policy and summary, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Your policy includes the required benefits of PIP coverage as follows:

PLEASE NOTE—For Commercial Automobile, PIP coverage is not available for the following:

- Mobile Homes;
- Taxicabs and Limousines; and
- Any motor vehicle used in mass transit or public school transportation.

Personal Injury Protection Coverage (Required Benefits of PIP)

PIP pays eighty percent (80%) of medical expenses and sixty percent (60%) of work loss incurred as a result of an auto accident. PIP also pays for replacement services incurred as a result of an auto accident and pays a death benefit. PIP applies to you and your dependent resident relatives. It also applies to any other person occupying your auto, or struck, as a pedestrian, by your auto. The maximum amount that you may recover under PIP coverage is \$10,000 per person in medical expenses and disability benefits and \$5,000 per person in death benefits.

FLORIDA PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS

For personal injury protection insurance, the “named insured” may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity (“lost wages”). These elections apply to the “named insured” alone, or to the “named insured” and all dependent resident relatives. A premium reduction will result from these elections. The “named insured” is hereby advised not to elect the lost wage exclusion if the “named insured” or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

TO REDUCE THE COST OF PIP COVERAGE, YOU MAY CHOOSE TO HAVE A DEDUCTIBLE APPLY. THE DEDUCTIBLE AMOUNT IS THE AMOUNT THAT YOU WILL PAY BEFORE YOU ARE ENTITLED TO ANY RECOVERY FROM US UNDER PIP COVERAGE.

Deductible Options

You may choose a \$250, \$500 or \$1,000 deductible to apply to PIP benefits. The higher your deductible, the greater your premium savings will be.

You can also have the deductible apply to:

1. “Named Insured” only; or

2. "Named Insured" and each dependent "family member."

The deductible does not apply to the death benefit.

Selections [Please check the appropriate box(es)]:

I wish to select the Required Benefits of PIP only.

I wish to select one of the following deductibles:

- None \$250 \$500 \$1,000

If you select a deductible, indicate to whom you wish to apply:

- "Named Insured" only; or "Named Insured" and each dependent "family member."

YOU MAY CHOOSE TO HAVE ANY OF THE FOLLOWING OTHER OPTIONS APPLY FOR A REDUCTION IN YOUR PIP PREMIUM.

Rejection of loss of gross income and loss of earning capacity benefit

PIP pays for sixty percent (60%) of your lost wages (subject to the \$10,000 maximum limit for all coverage) incurred as a result of an auto accident. You may choose to have work loss coverage excluded from your PIP coverage.

You may want to reject lost wages if, for example, you are unemployed or retired. In this situation, you would not incur any lost wages as a result of an auto accident and therefore, would not benefit from this coverage.

You may reject loss of gross income and loss of earning capacity benefits for one of the following:

- "Named Insured" only; or
 "Named Insured" and dependent "family members."

YOU MAY CHOOSE INSTEAD TO HAVE ANY OF THE FOLLOWING PIP OPTIONS APPLY WHICH INCREASE YOUR PIP COVERAGE FOR AN ADDITIONAL PREMIUM:

Extended Personal Injury Protection Coverage

You may choose to extend your \$10,000 PIP Coverage for you and your dependent "family members" for one hundred percent (100%) of medical expenses and eighty percent (80%) of lost wages, instead of eighty percent (80%) of medical expenses and sixty percent (60%) of lost wages. However, Extended PIP pays for eighty percent (80%) of medical expenses and sixty percent (60%) of lost wages, for any other person occupying your auto, or struck, as a pedestrian, by your auto. Replacement services expenses and a death benefit are provided for you, your dependent "family members," and any other person occupying your auto, or struck, as a pedestrian, by your auto.

Deductible

You may not elect a deductible if you purchase Extended PIP.

Rejection of loss of income and loss of earning capacity benefit

If you purchase Extended PIP, you may only choose to reject work loss applicable to you and your dependent "family members."

Selections

- Please check here if you select Extended PIP
- Please check here if you elect to exclude work loss benefits for you and your dependent "family members."

Added Personal Injury Protection

If you purchase Extended PIP, then you may also purchase Added PIP. Added PIP increases the \$10,000 maximum limit.

Selections (You may select one of the following limits):

- \$25,000
- \$40,000
- \$90,000

Broadened Personal Injury Protection Coverage—Named Individuals

If there is someone who regularly operates your auto, who is not a "family member," you may broaden PIP coverage for that person by naming that individual as the "named insured."

There will be an additional premium charge for each named individual added to the policy for PIP coverage. The named individuals may also be afforded Added PIP coverage.

Selections (If you select this coverage, please complete the following):

Names of Individuals (other than you and your dependent "family members") who regularly operate your auto(s) and coverage selected:

Name	Coverage	
<input type="checkbox"/> _____	<input type="checkbox"/> PIP	<input type="checkbox"/> Added PIP
<input type="checkbox"/> _____	<input type="checkbox"/> PIP	<input type="checkbox"/> Added PIP

I/We have read, understand and acknowledge the disclosure as indicated above.

Named Insured

Policy Number

First Named Insured

Position

Signature of First Named Insured

Date

FLORIDA UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS, ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR USE ONLY WITH NEW BUSINESS

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

Florida law permits you to make certain decisions regarding Uninsured Motorists Coverage provided under your policy. This document describes this coverage and various options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists 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.

Uninsured Motorists Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorists Coverage at limits equal to the Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage in your policy, unless you select a lower limit offered by the company or reject Uninsured Motorists Coverage entirely.

Please indicate by initialing below whether you entirely reject Uninsured Motorists Coverage or whether you select this coverage at limits lower than the Bodily Injury Liability Coverage or Combined Single Limit for Liability Coverage of your policy.

(Initials) _____	I reject Uninsured Motorists Coverage entirely.			
_____	I reject Bodily Injury Uninsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage and I select the following lower limits.			
(Choose one):				
(Initials) _____	Split Limits	OR	(Initials) _____	Combined Single Limit
	\$ 10,000/20,000			\$ 20,000
	25,000/50,000			50,000
	50,000/100,000			100,000
	100,000/300,000			250,000
	250,000/500,000			300,000
	500,000/1,000,000			350,000
	\$ _____			500,000
	(Other)			1,000,000
				\$ _____
				(Other)

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If your policy is a commercial auto policy and you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorists Coverage.)**

If your policy is a personal auto policy or, if your policy is a commercial auto policy and you are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any recovery for loss suffered by you or any family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or any such family member was occupying at the time of the accident; and

2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows an insured under a personal auto policy or you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss. For example, under stacked Uninsured Motorists Coverage, you or a family member may add together the Uninsured Motorists Coverage limits for each vehicle which has such coverage under your policy.

(Initials)

_____ **I elect the non-stacked form of Uninsured Motorists Coverage.**

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Applicant's/Named Insured's Signature

Date