

WASHINGTON PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

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

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.

Unless rejected, Personal Injury Protection Coverage will be afforded at Basic Limits as described on the following page.

Please indicate your choice with respect to Personal Injury Protection Coverage from either **A.**, **B.** or **C.** as follows:

A. Selection Of Personal Injury Protection Coverage At Basic Limits

If you wish to select Basic Limits for Personal Injury Protection Coverage, you may do so by initialing and signing below.

(Initials)	<p>I select Personal Injury Protection Coverage at the following Basic Limits:</p> <ol style="list-style-type: none"> 1. Medical and Hospital Benefits – \$10,000 per person 2. Funeral Expenses – \$2,000 3. Income Continuation – \$10,000 subject to a maximum of \$200 per week 4. Loss of Services – \$5,000 subject to \$40 per day, not to exceed \$200 per week
<p>_____</p>	

B. Selection Of Personal Injury Protection Coverage At Increased Limits

We make available the following Increased Limits for Personal Injury Protection Coverage that are higher than the Basic Limits described above. If you would like to select Increased Limits for Personal Injury Protection Coverage, you may do so by initialing and signing below.

(Initials) _____	I select Personal Injury Protection Coverage at the following Increased Limits: <ol style="list-style-type: none">1. Medical and Hospital Benefits – \$35,000 per person2. Funeral Expenses – \$2,0003. Income Continuation – \$35,000 subject to a maximum of \$700 per week4. Loss of Services – \$14,600 subject to \$40 per day
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OR

C. Rejection Of Personal Injury Protection Coverage

If you wish to reject Personal Injury Protection Coverage, you may do so by initialing and signing below:

(Initials) _____	I reject Personal Injury Protection Coverage.
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Signature Of Applicant/Named Insured

Date

WASHINGTON UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

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

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This document 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 Underinsured 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.

UNDERINSURED MOTORISTS COVERAGE

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's (1) Split Bodily Injury Liability Coverage Limits; or (2) Combined Single Limits for Liability Coverage, whichever applies. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage.

Please indicate your choice from **A.**, **B.** or **C.** as follows:

A. Selection Of Bodily Injury AND Property Damage Underinsured Motorists Coverage Limits

Please indicate your choice from 1. OR 2. as follows:

Please note that we only offer Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

1. Combined Single Limit

(Initials) _____	a. I select Bodily Injury AND Property Damage Underinsured Motorists Coverage at limits equal to my Combined Single Limit for Liability Coverage;
OR	
(Initials) _____	b. I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage at limits equal to my Liability Coverage Combined Single Limit for Liability Coverage and select from the following: (Choose one:)
(Initials)	Combined Single Limit
_____	\$ 60,000
_____	75,000
_____	100,000
_____	200,000
_____	250,000
_____	300,000
_____	350,000
_____	500,000
_____	1,000,000
_____	_____ (Other)
_____ Signature Of Applicant/Named Insured	_____ Date

2. Split Limits

(Initials)

a. I select Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits) AND Property Damage Underinsured Motorists Coverage at limits indicated below;

OR

(Initials)

b. I reject Bodily Injury Underinsured Motorists Coverage at limits equal to my Liability Coverage (Split Limits) and I select Bodily Injury Underinsured Motorists Coverage AND Property Damage Underinsured Motorists Coverage at the following limits:

(Initials)	Split Limits Bodily Injury	(Initials)	Property Damage
_____	\$ 25,000/50,000	_____	\$ 10,000
_____	50,000/100,000	_____	25,000
_____	100,000/200,000	_____	50,000
_____	100,000/300,000	_____	100,000
_____	250,000/500,000	_____	200,000
_____	300,000/300,000	_____	300,000
_____	500,000/500,000	_____	500,000
_____	500,000/1,000,000	_____	1,000,000
_____	1,000,000/1,000,000	_____	
_____	(Other)	_____	(Other)

Signature Of Applicant/Named Insured

Date

B. Rejection Of Property Damage Underinsured Motorists Coverage And Selection Of Bodily Injury Underinsured Motorists Coverage Only

Please indicate your choice by initialing next to the appropriate item(s) in **1.** OR **2.** and signing below.

Please note that we only offer Bodily Injury Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

(Initials) _____	<p>1. I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at limits equal to my Bodily Injury Liability Coverage (Split Limits) or Combined Single Limit for Liability Coverage;</p>																																																												
OR																																																													
(Initials) _____	<p>2. I reject Property Damage Underinsured Motorists Coverage and select ONLY Bodily Injury Underinsured Motorists Coverage at the following limit(s) which are lower than the limits of my Liability Coverage:</p> <p>(Choose one:)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: center;">(Initials)</th> <th style="width: 35%; text-align: center;">Split Limits Bodily Injury</th> <th style="width: 10%; text-align: center;">OR</th> <th style="width: 15%; text-align: center;">(Initials)</th> <th style="width: 25%; text-align: center;">Combined Single Limit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ 25,000/50,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ 50,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">50,000/100,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">60,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">100,000/200,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">75,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">100,000/300,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">100,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">250,000/500,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">200,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">300,000/300,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">250,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">500,000/500,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">300,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">500,000/1,000,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">350,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">1,000,000/1,000,000</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">500,000</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">1,000,000</td> </tr> <tr> <td></td> <td style="text-align: center;">(Other)</td> <td></td> <td></td> <td style="text-align: center;">(Other)</td> </tr> </tbody> </table>	(Initials)	Split Limits Bodily Injury	OR	(Initials)	Combined Single Limit	_____	\$ 25,000/50,000		_____	\$ 50,000	_____	50,000/100,000		_____	60,000	_____	100,000/200,000		_____	75,000	_____	100,000/300,000		_____	100,000	_____	250,000/500,000		_____	200,000	_____	300,000/300,000		_____	250,000	_____	500,000/500,000		_____	300,000	_____	500,000/1,000,000		_____	350,000	_____	1,000,000/1,000,000		_____	500,000	_____	_____		_____	1,000,000		(Other)			(Other)
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In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.

Signature Of Applicant/Named Insured

Date

C. Rejection Of Bodily Injury AND Property Damage Underinsured Motorists Coverage

If you wish to reject Bodily Injury Underinsured Motorists Coverage and Property Damage Underinsured Motorists Coverage, you may do so by initialing and signing below.

(Initials)

_____ I reject Bodily Injury AND Property Damage Underinsured Motorists Coverage.

In order to provide for an informed decision of the potential consequences of rejecting underinsured motorist coverage; the undersigned acknowledges that by rejecting underinsured motorist coverage there is exposure to the risk of not being sufficiently insured for injury and/or damages when involved in an accident with a driver of an underinsured vehicle.

Signature Of Applicant/Named Insured

Date