

# FLORIDA PERSONAL INJURY PROTECTION COVERAGE (PIP)

PLEASE READ THIS ENTIRE SELECTION FORM BEFORE MAKING IMPORTANT DECISIONS ABOUT YOUR PERSONAL INJURY PROTECTION COVERAGE.

Florida law requires that every auto insurance policy have Personal Injury Protection Coverage (PIP). This is often referred to as No-Fault Coverage.

**Basic Personal Injury Protection Coverage** is mandatory and provides:

- 80% of covered medical expenses;
- 60% of covered loss of gross income and loss of earnings capacity;
- replacement services; and
- death benefits.

There is a maximum combined limit of \$10,000. You may choose options to reduce your premium or you may choose options to increase or amend your Basic Personal Injury Protection Coverage. These options are listed below.

***If you have not previously completed and signed for your selection of PIP Coverage, or if you want to change coverage from that which you previously signed for, please select from the coverage options listed below, sign your name and mail the completed form to your agent that is listed on your Declarations Page.***

**Option 1.**

**Offer of PIP Deductible and Exclusion of Coverage for Loss of Gross Income and Earning Capacity**

Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earnings capacity ("lost wages"). These elections apply 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."

Select the deductible amount and check the appropriate space. If you do not make a selection, no deductible will apply to this coverage.

Deductible Amount	Applies to Named insured Only	Applies to Named Insured and Dependent resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

If you want to exclude coverage for loss of gross income and loss of earnings capacity, check the appropriate space below.

Exclude loss of gross income and loss of earnings capacity for the Named Insured only.

Exclude loss of gross income and loss of earnings capacity for the Named Insured and all Dependent Resident Relatives.

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

**Option 2.**

**Extended Personal Injury Protection**

If chosen, this option increases the Basic Personal Injury Protection covered medical expenses coverage limit and covered loss of gross income and loss of earnings capacity coverage limit.

Check the appropriate space below:

\_\_\_\_ Extended PIP with 100% of medical expenses and 80% loss of gross income and loss of earnings capacity; OR

\_\_\_\_ Extended PIP with 100% medical expenses only – if you select this option, you are required to select to exclude loss of gross income and loss of earnings capacity for named insured and dependent resident relatives in Option 1.

If you have requested Extended PIP coverage above, please note you cannot have a PIP deductible (Option 1) with Extended PIP. Please verify that your selections are consistent.

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

**Option 3.**

**Additional Personal Injury Protection**

This option is only available to you:

1. If you have not selected a PIP Deductible in Option 1; and
2. If you have selected one of the Extended PIP options in Option 2.

If chosen, the Additional Personal Injury Protection option will increase the maximum combined limit of \$10,000 by the amount specified below.

To select check the appropriate space below and make sure that your previous selections are consistent with this option.

\_\_\_\_ \$10,000 additional limit

\_\_\_\_ \$40,000 additional limit

\_\_\_\_ \$25,000 additional limit

\_\_\_\_ \$90,000 additional limit

Coverage is generally described here. Only the policy provides a complete description of the coverage and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewal, continuations and changes unless I notify you otherwise in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

**IF YOU HAVE NOT MADE A SELECTION FROM THE OPTIONS ABOVE, YOUR POLICY WILL PROVIDE YOU WITH THE MANDATORY BASIC PIP COVERAGE AS DESCRIBED AT THE BEGINNING OF THIS FORM.**