
Garage- Coverage Selection Form

Pennsylvania 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 and other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or person struck by your motor vehicle:

1. Medical Benefits, up to at least \$100,000.
- 1.1 Extraordinary medical benefits, from \$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 paragraphs 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, which ever comes first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefits of \$25,000, providing 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).

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.

Signature of Applicant or Insured

Date

Garage- Coverage Selection Form

PENNSYLVANIA- SUPPLEMENT TO COMMERCIAL AUTO AND GARAGE APPLICATIONS

FIRST PARTY BENEFITS NOTICE

FIRST PARTY BENEFITS

- A. MEDICAL EXPENSE BENEFIT Coverage to reimburse you for reasonable and necessary treatment and services incurred.
- B. INCOME LOSS BENEFIT Coverage to replace a portion of lost income and reimburse you for expenses in securing replacement services.
- C. ACCIDENTAL DEATH BENEFIT A death benefit paid in the event of the death of an insured person due to a covered auto accident.
- D. FUNERAL BENEFIT Coverage to pay for direct funeral, burial and other related expenses incurred as a result of the death of an insured person due to a covered accident.

Effective July 1, 1990 Act 6 changes what you are required to purchase for First Part Benefits coverage. You are only required to purchase \$5,000 Medical Expenses. All other options, including a higher limit for Medical Expenses are choices you may make. Indicate your choice of the options shown for each coverage. Then date and sign this form and return it to your agent.

BENEFIT LEVEL OPTIONS:(indicate your choice by marking one box in options A-D OR one box for option E)

- A. MEDICAL EXPENSES: (check the box indicating your choice)

\$5,000 \$_____	\$25,000 \$_____	\$50,000 \$_____
(Minimum) premium	premium	premium
\$100,000 \$_____ (premium)per person, per accident (Maximum)		

- B. INCOME LOSS: (check the box indicating your choice)

None-Rejected	\$1,000/\$5,000 \$_____	\$1,000/\$15,000 \$_____
(Minimum)	premium	premium
\$1,500/\$25,000 \$_____ (premium)		
\$2,500/\$50,000 \$_____ (premium) per month/per accident, per person		

Garage- Coverage Selection Form

UNINSURED MOTORIST COVERAGE

Uninsured Motorist Coverage provides protection for damages incurred as a result of an accident with an uninsured motor vehicle. You have the right to purchase Uninsured Motorist Coverage in an equal amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Uninsured Motorist Coverage, and you have the right to reject this coverage. You also have the option to purchase Uninsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Coverage limit. Uninsured Motorist Coverage is an optional coverage, however, we are required to include it in your policy unless you take steps to reject it.

Indicate your choice by either completing the rejection of uninsured motorist coverage form OR by completing the selection of uninsured motorist coverage and stacking options form.

Garage- Coverage Selection Form

UNDERINSURED MOTORIST COVERAGE

Underinsured Motorist Coverage provides protection for damages incurred which exceed the limit of liability carried by the driver of a vehicle who injure you in an automobile accident. You have the right to purchase Underinsured Motorist Coverage in the amount equal to the amount of Bodily Injury Liability coverage provided in your policy. The law does not require you to purchase Underinsured Motorist Coverage, and you have the right to reject the coverage. You also have the option to purchase Underinsured Motorist Coverage with limits of coverage less than that of your Bodily Injury Liability Coverage limit. Underinsured Motorist Coverage is an optional coverage, however, we are required to include it in your policy until you take steps to reject it.

Indicate your choice by either completing the rejection of Underinsured Motorist Coverage form or by completing the selection of Underinsured Motorist Coverage and stacking options form.

Garage- Coverage Selection Form

REJECTION OF UNINSURED MOTORIST COVERAGE

Note: Rejection of uninsured motorist coverage is not allowed for “Common Carriers by Motor Vehicle” as defined in 66CPA A.C.S. Section 102

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

Signature of First Named Insured

Date Signed

Witness

The options selected shall continue in force and effect until replacement written notice is received by the company, or it's representative.

Garage- Coverage Selection Form

REJECTION OF UNDERINSURED MOTORIST COVERAGE

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

Signature of First Named Insured

Date Signed

Witness

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR IT'S REPRESENTATIVES.

Garage- Coverage Selection Form

SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING LIMITS

- A. **Selection of UM Coverage:** I do wish to purchase Uninsured Motorist Coverage at \$ _____ person, \$ _____ per accident split limits of liability or \$ _____ per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)
- B. **Stacking Options:** If you have chosen to purchase Uninsured Motorist Coverage and you are not a legal corporation, your next option is to determine if you want to stack limits of you policy.

Stacking mean 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 (Not applicable if named insured is a legal corporation)

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 limit of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured _____
Date Signed _____
Witness _____

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR IT'S REPRESENTATIVES.

Garage- Coverage Selection Form

SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING LIMITS

- A. Selection of UM Coverage: I do wish to purchase Underinsured Motorist Coverage at \$ _____ person, \$ _____ per accident split limits of liability or \$ _____ per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)
- B. Stacking Options: If you have chosen to purchase Underinsured Motorist Coverage and you are not a legal corporation, your next option is to determine if you want to stack limits of you policy.

Stacking mean 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 (Not applicable if named insured is a legal corporation)

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 limit of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured _____

Date Signed _____

Witness _____

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR IT'S REPRESENTATIVES.