



Commercial Auto

Personal Injury Protection Supplemental Application

SUPPLEMENTAL APPLICATION

Name of Insured	Policy Number
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PERSONAL INJURY PROTECTION OPTIONS

NO FAULT COVERAGE: IN ACCORDANCE WITH FLORIDA STATUTES, YOU MUST CARRY NO-FAULT INSURANCE OF \$10,000. IF YOUR MOTOR VEHICLES ARE OWNED BY AN INDIVIDUAL OR HUSBAND AND WIFE, 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.

PLEASE CHOOSE

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE DEDUCTIBLES/WORK LOSS OPTIONS INDICATED AND RECEIVE A REDUCTION IN PREMIUM.

No-Fault Personal Injury Protection (PIP) is mandatory, but the following options are available to you to prevent duplication with other private plans or benefit programs.

Deductible Options: \$250 \$500 \$1,000 No Deductible

Applies To: Named Insured and Dependent Resident Relatives (NIRR) Named Insured Only (NIO)

Work Loss Options: I elect to exclude Work loss for: Named Insured and Dependent Resident Relatives (NIRR)
 Named Insured Only (NIO)

If I elect the deductible or reduced benefits option shown above, I certify that all covered persons have collateral for the deductible, exclusion, or reduced benefit chosen.

Date: _____

Signature of Applicant: _____

(Must be Signed)