Liability Coverage Limits

The Commonwealth of Pennsylvania requires you to purchase liability coverage with minimum limits of $15,000 per person, $30,000 per accident for bodily injury and $5,000 for property damage, or as an alternative, $35,000 combined single limit.

Premium for this coverage would be: $ _____ .

Signature of First Named Insured _____ Date _____

The laws of the Commonwealth of Pennsylvania, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

TORT OPTION SELECTION - NOTICE TO NAMED INSUREDS

A. "Limited Tort" Option - The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of the several other exceptions noted in the policy applies (ask your agent, broker or company for a description of "serious injury" and the exceptions). The annual premium for basic coverage as required by law under this "Limited Tort" option is $ _____ . Additional coverages under this option are available at additional cost.

B. "Full Tort" Option - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverage as required by law under this "Full Tort" option is $ _____ . Additional coverages under this option are available at additional cost.

C. You may contact your insurance agent, broker or company to discuss the cost of other coverages.

D. If you wish to choose the "limited tort" option described in paragraph A, you must sign this notice where indicated below and return it. If you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B and you will be charged the "full tort" premium.

I wish to choose the "limited tort" option described in paragraph A.

Signature of Named Insured _____ Date _____

E. If you wish to choose the "full tort" option described in paragraph B, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in Paragraph B, and you will be charged the "full tort" premium.

I wish to choose the "full tort" option as described in paragraph B.

Signature of Named Insured _____ Date _____

Collision Deductible Option

Pennsylvania law requires that all automobile policies which include collision coverage provide a $500 deductible. You have the option of purchasing a lower deductible, for an additional premium charge. If you wish to carry a collision deductible lower than $500, please indicate your selection below:

☐ $100 ☐ $250 ☐ Other: $

Signature of First Named Insured _____ Date _____