

ACORD™ DELAWARE AUTO SUPPLEMENT

PRODUCER	APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	EFFECTIVE DATE
	COMPANY:	
	POLICY #:	

FORM A DELAWARE MOTORIST'S PROTECTION ACT REQUIRED STATEMENT TO POLICYHOLDERS

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverage and limits of liability under the Delaware Motorists Protection Act:

1. Liability Coverage: You must choose either Split Limits Liability or Combined Single Limit Liability
 - A. Split Limits Liability
 - (1) Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
 - (2) Property Damage Liability: (\$10,000 each accident)
 - B. Combined Single Limit Liability: (\$40,000)
2. Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
3. Damage to Property other than a Motor Vehicle: (\$10,000)

Note: The selection of any option under sections 1, 2 and 5 below must apply to all vehicles on the policy.

A. COVERAGES	B. OPTIONS YOU MUST SELECT LIMITS AND COVERAGE DESIRED	C. SELECTIONS
1. LIABILITY COVERAGE (Compulsory)	(1) BODILY INJURY LIABILITY <input type="checkbox"/> I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Bodily Injury Limits \$ _____,000 Each Person \$ _____,000 Each Accident
	A. SPLIT LIMITS LIABILITY (2) PROPERTY DAMAGE LIABILITY <input type="checkbox"/> I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Property Damage Limits \$ _____,000
	B. COMBINED SINGLE LIMIT LIABILITY (Combination of Bodily Injury and Property Damage Liability) <input type="checkbox"/> I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Combined Single Limit of Liability \$ _____,000 Each Accident
2. PERSONAL INJURY PROTECTION (Compulsory)	SPLIT LIMITS <input type="checkbox"/> I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	Personal Injury Protection Limits \$ _____,000 Each Person \$ _____,000 Each Accident
	(Additional Personal Injury Protection available by selecting higher limits) COMBINED SINGLE LIMIT <input type="checkbox"/> I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits	\$ _____,000 Each Accident
	<input type="checkbox"/> Full Coverage with no Deductible <input type="checkbox"/> Deductible Applicable to Named Insured only <input type="checkbox"/> Deductible Applicable to Named Insured and Members of his or her Household	Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
	<input type="checkbox"/> Restricted Coverage -- Excludes off the highway accidents and accidents when no other motor vehicle is involved	Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$
3. PHYSICAL DAMAGE	COLLISION <input type="checkbox"/> I WANT To Reject this Coverage Entirely	\$ _____ Deductible
	COMPREHENSIVE <input type="checkbox"/> I WANT To Reject this Coverage Entirely	\$ _____ Deductible
4. CAR RENTAL EXPENSE (Optional)	<input type="checkbox"/> I WANT Yes <input type="checkbox"/> No	\$ _____ Per Day \$ _____ Max
5. UNINSURED/UNDERINSURED VEHICLE COVERAGE* (Optional)	SPLIT LIMITS LIABILITY <input type="checkbox"/> I WANT Minimum Limits (\$15,000/30,000/10,000) <input type="checkbox"/> Bodily Injury and Property Damage Liability Policy Limit	
	(Available in limits up to the policy's Bodily Injury or Combined Single Limit of Liability limit or \$100,000/\$300,000 whichever is less) COMBINED SINGLE LIMIT LIABILITY <input type="checkbox"/> I WANT Minimum Limits (\$40,000) <input type="checkbox"/> Limits Equal to Policy Liability Limit	
	OTHER LIMITS <input type="checkbox"/> I WANT Limits as Shown in Column C	\$ _____ Each person _____ Each accident
	<input type="checkbox"/> To Reject this Coverage Entirely	\$ _____ Combined Single Limit

* Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

Note: Liability Coverage, Personal Injury Protection and Uninsured/Underinsured Vehicle Coverage may all be written on either a split limits or single limit basis. However, when selected, all three coverages must be written on the same basis, i.e. Split Limits or Combined Single Limit.

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above.

I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Named Insured _____ Date _____

Agent's Name _____

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverages, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS ONLY

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Named Insured _____