



WASHINGTON AUTO SUPPLEMENT

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

MANDATORY OFFER OF PERSONAL INJURY PROTECTION COVERAGE

Washington insurance law requires that we offer you Personal Injury Protection Coverage with certain minimum limits, unless you reject this coverage. We are also required to offer you the right to purchase higher limits.

Please indicate your choices by initialing next to the appropriate item(s) below.

Minimum Coverages:

_____ Health and Hospital Benefits: \$10,000 per each insured, covering expenses incurred within 3 years of the auto accident.

_____ Funeral Benefits: \$2,000 per each insured for funeral expenses.

_____ Income Continuation: Up to \$10,000 per each insured to cover income losses incurred within one year after the date of the insured's injury, subject to the lesser of \$200 per week or 85% of the insured's weekly income. The combined weekly payment receivable by an insured under any workers compensation or other disability insurance benefit, and other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

_____ Loss of Services Benefit: Up to \$5,000 per each insured, subject to a limit of \$40 per day, not to exceed \$200 per week.

All payments under Personal Injury Protection Coverage are limited to the amount of actual loss or expense incurred.

Optional Coverages:

_____ Health and Hospital Benefits: \$35,000 per each insured instead of \$10,000.

_____ Income Continuation: Up to \$35,000 per each insured instead of \$10,000, subject to the lesser of \$700 per week (instead of \$200 per week) or 85% of the insured's weekly income. The combined weekly payment receivable by the insured under any workers compensation or other disability insurance benefit, and any other income continuation benefit and this insurance, may not exceed 85% of the insured's weekly income.

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

I understand these coverage selections will apply to all future renewals, continuations and changes in my policy unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____