

DELAWARE MOTORISTS PROTECTION ACT REQUIRED STATEMENT TO POLICYHOLDERS FORM A

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

- Bodily Injury Liability: (\$15,000 each person; \$30,000 each accident)
- Property Damage Liability: (\$10,000 each accident)
- Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
- Damage to Property Other Than a Motor Vehicle: (\$10,000)

INSURED _____ POLICY NUMBER _____ COMPANY _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

A. COVERAGES	B. OPTIONS (YOU MUST SELECT LIMITS AND COVERAGE DESIRED)	C. SELECTION
<p>1. BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Compulsory) (Split limits OR Combined Single Limit)</p>	<p>I WANT</p> <p>1. Limits as Shown in Column C <input type="checkbox"/></p> <p>2. Minimum Limits <input type="checkbox"/></p>	<p style="text-align: center;"><u>Split Bodily Injury Limits</u></p> <p>Each Person Each Accident \$ _____ \$ _____</p> <p style="text-align: center;">Property Damage Limit per Accident \$ _____</p> <p style="text-align: center;">-OR-</p> <p style="text-align: center;"><u>Combined Single (BI & PD) Limit</u> \$ _____</p>
<p>2. NO-FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)</p>	<p>I WANT</p> <p>Additional Limits as Shown in Column C <input type="checkbox"/></p> <p>Minimum Limits: <input type="checkbox"/></p> <p>Deductible: No deductibles available <input type="checkbox"/></p>	<p style="text-align: center;"><u>Additional Personal Injury Protection Limits</u></p> <p>Each Person Each Accident \$ _____ \$ _____</p> <p style="text-align: center;">-OR-</p> <p>Combined Single Limit \$ _____</p> <p>Minimum Limits/No Deductible cost _____</p> <p>Additional Limits/No Deductible cost _____</p>
<p>3. PHYSICAL DAMAGE</p>	<p>I WANT</p> <p>1. Collision <input type="checkbox"/></p> <p>2. Comprehensive or Specified Causes of Loss:</p> <p style="padding-left: 20px;">Comprehensive <input type="checkbox"/></p> <p style="padding-left: 20px;">Specified Causes of Loss <input type="checkbox"/></p> <p>3. To Reject This Coverage Entirely <input type="checkbox"/></p>	<p style="text-align: center;"><u>Deductibles</u></p> <p>Collision \$ _____</p> <p>Comprehensive / Specified Causes of Loss</p> <p style="text-align: right;">\$ _____</p>

4. UNINSURED / UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in Limits up to the Bodily Injury Liability Limits or \$100,000/300,000 whichever is less)	I WANT		<u>Uninsured / Underinsured Limits</u>	
	1. Minimum Limits (\$15,000/30,000)	<input type="checkbox"/>	Each Person	Each Accident
	2. Bodily Injury Liability Policy Limit	<input type="checkbox"/>	\$ _____	\$ _____
	3. Other – Specify in Column C	<input type="checkbox"/>	-OR-	
	4. To reject this coverage entirely	<input type="checkbox"/>	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.

My selection of no PIP (No-Fault) deductible at the cost stated above is based on the information provided to me by the insurer. I understand and agree that my selection of no PIP (No-Fault) deductible shall be binding on me and all persons subject to the terms of this policy. My selection shall apply to any renewal, reinstatement, substitute amended, altered, modified or replacement policy with this or any affiliated or successor company unless I or a named insured shall submit a written request to change the deductible and pay such lesser or greater premium that may apply to such change.

 Signature of Named Insured _____ Date _____

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 coverage, or other additional coverages which may be available from the company.