

SUPPLEMENTARY AUTOMOBILE APPLICATION - PENNSYLVANIA

(To be completed by the Named Insured or Applicant)



Name	Policy Number (If Not New Business)
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Address

**PENNSYLVANIA NOTICE
IMPORTANT NOTICE**

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

- (1) Medical benefits, up to at least \$100,000.
- (1.1) Extraordinary medical benefits, from \$100,000 to \$1,100,000 which may be offered in increments of \$100,000.
- (2) Income loss benefits, up to at least \$2,500 per month up to a maximum of at least \$50,000.
- (3) Accidental death benefits, up to at least \$25,000.
- (4) Funeral benefits, \$2,500.
- (5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).
- (6) Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected. If you have any questions or you do not understand all of the various options available to you, contact your agent or company. If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

Signature of Named Insured	Date
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THIS FORM MUST BE SIGNED AND RETURNED. PLEASE TAKE THE TIME TO REVIEW AND UNDERSTAND THE VARIOUS COVERAGES, LIMITS, AND OPTIONS AVAILABLE. THEN INDICATE YOUR CHOICES ON THE FOLLOWING PAGES.

PENNSYLVANIA TORT OPTION SELECTION

Tort Option Selection: You have two options. The first is called the "limited tort" option. By choosing this option, you save the most money by agreeing to limit your right to sue for pain and suffering. Even if you choose this option, you still retain a full right to sue for pain and suffering if you sustain a serious injury or if you are injured by an uninsured motorist, a vehicle registered out of state or a drunk driver who causes an accident. And, you are never, under any circumstances, barred from suing for your unpaid economic losses such as medical bills or loss of income. A "serious injury" is defined in the law as a personal injury resulting in death, serious impairment of bodily function or permanent serious disfigurement.

The second option is called the "full tort" option. By choosing this option, you save less money because you retain your present unlimited ability to sue for pain and suffering in an accident.

The "Pennsylvania Tort Option Selection Notice to Named Insureds" form provided on the next page explains these options and provides a cost comparison between what your premium would be with the "limited tort" option (Paragraph A) or with the "full tort" option (Paragraph C).

To choose your tort option, follow the instructions below.

The law permits you to select a tort option by signing your name on the "Pennsylvania Tort Option Selection Notice To Named Insureds" form on the next page.

1. If you want the "limited tort" option, sign and date Signature Line I. Otherwise, the law will **automatically** assign you to the "full tort" option.
2. If you want the "full tort" option, sign and date Signature Line II, If you make no selection, you will be considered to have chosen the "full tort" option and your policy will **automatically** reflect the "full tort" option and premium.

PENNSYLVANIA 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 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 several other exceptions noted in the policy applies. The semi-annual premium for the limits you have selected for this "limited tort" option is_____.

Please note, the minimum limits required by the laws of the Commonwealth of Pennsylvania are: Bodily Injury, \$15,000 each person, \$30,000 each accident; Property Damage, \$5,000 each accident; and First Party Medical, \$5,000.

Additional coverages under this option are available at additional cost.

B. 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 "full tort" coverage as described in paragraph C and you will be charged the "full tort" premium.

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

Signature Line I.

Named Insured

Date

C. **"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 semi-annual premium for the limits you have selected for this "full tort" option is_____.

Please note, the minimum limits required by the laws of the Commonwealth of Pennsylvania are: Bodily Injury, \$15,000 each person, \$30,000 each accident; Property Damage, \$5,000 each accident; and First Party Medical, \$5,000.

Additional coverages under this option are available at additional cost.

D. If you wish to choose the "full tort" option described in paragraph C, 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 C and you will be charged the "full tort" premium.

Signature Line II.

Named Insured

Date

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

PENNSYLVANIA FIRST PARTY BENEFITS COVERAGE

ELECTION OF LIMITS FORM

BASIC FIRST PARTY BENEFIT - COVERAGE QA/QB

Basic First Party Benefits (FPB) includes coverage for medical treatment and rehabilitative services provided after an accident in which the insured, insured's family or passengers are injured in the insured's car. FPB also provides protection if the insured or a family member is struck by a car while walking. FPB will always be provided on policies as mandated by the Commonwealth of Pennsylvania.

QA indicates that the limited tort option was selected.

QB indicates that the full tort option was selected.

The maximum limit for medical expenses provided for Basic First Party Benefits is \$5,000 for any one person injured in any one accident.

ADDED FIRST PARTY BENEFITS - COVERAGE R

Also available for an additional premium are "Added First Party Benefits" which are summarized below. Please complete and sign this form if additional coverage is desired. Note: Even if you do not want any additional coverages, this form must be signed and returned.

<p>Increased Medical Expenses Benefits (Increases the basic medical to the limit specified below)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Option</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> A4</td> <td>\$ 10,000</td> </tr> <tr> <td><input type="checkbox"/> A5</td> <td>\$ 25,000</td> </tr> <tr> <td><input type="checkbox"/> A6</td> <td>\$ 50,000</td> </tr> <tr> <td><input type="checkbox"/> A7</td> <td>\$ 100,000</td> </tr> </tbody> </table>	Option	Amount	<input type="checkbox"/> A4	\$ 10,000	<input type="checkbox"/> A5	\$ 25,000	<input type="checkbox"/> A6	\$ 50,000	<input type="checkbox"/> A7	\$ 100,000	<p>Income Loss Benefits (Amount payable for lost income up to 80% of gross income)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Option</th> <th style="text-align: left;">Maximum Amount</th> <th style="text-align: left;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> B5</td> <td>\$ 5,000</td> <td>\$1,000</td> </tr> <tr> <td><input type="checkbox"/> B6</td> <td>\$15,000</td> <td>\$1,000</td> </tr> <tr> <td><input type="checkbox"/> B4</td> <td>\$15,000</td> <td>\$1,500</td> </tr> <tr> <td><input type="checkbox"/> B7</td> <td>\$25,000</td> <td>\$1,500</td> </tr> <tr> <td><input type="checkbox"/> B8</td> <td>\$50,000</td> <td>\$2,500</td> </tr> </tbody> </table>	Option	Maximum Amount	Monthly Amount	<input type="checkbox"/> B5	\$ 5,000	\$1,000	<input type="checkbox"/> B6	\$15,000	\$1,000	<input type="checkbox"/> B4	\$15,000	\$1,500	<input type="checkbox"/> B7	\$25,000	\$1,500	<input type="checkbox"/> B8	\$50,000	\$2,500
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<p>Combination First Party Benefits (Benefits for basic medical, increased medical, income loss, funeral expense and accidental death are combined into one total limit. This is the most we will pay as a result of bodily injury to any one insured as the result of any one accident. Funeral expense is limited to \$2,500 and Accidental Death to \$10,000 for options H & J and \$25,000 for options K & L.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Option</th> <th style="text-align: left;">Total Limit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> H</td> <td>\$ 50,000</td> </tr> <tr> <td><input type="checkbox"/> J</td> <td>\$100,000</td> </tr> <tr> <td><input type="checkbox"/> K</td> <td>\$177,500</td> </tr> <tr> <td><input type="checkbox"/> L</td> <td>\$277,500</td> </tr> </tbody> </table>	Option	Total Limit	<input type="checkbox"/> H	\$ 50,000	<input type="checkbox"/> J	\$100,000	<input type="checkbox"/> K	\$177,500	<input type="checkbox"/> L	\$277,500	<p>Extraordinary Medical Benefits (Additional medical payments coverage up to \$1,000,000 after the first \$100,000 of medical is paid by or for any insured.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Option</th> <th style="text-align: left;">Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Coverage W</td> <td>\$1,000,000</td> </tr> </tbody> </table>	Option	Amount	<input type="checkbox"/> Coverage W	\$1,000,000														
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NOTE: We strongly urge you to purchase increased Medical Expenses benefits, option A7, if you purchase coverage W, since Coverage W does not pay for the first \$100,000 in medical bills.

I have personally reviewed and completed this form. I understand that this coverage election will apply to all future renewals, continuations, and changes in my policy unless I notify Travelers in writing of a new election.

Signature of Named Insured	Date
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PENNSYLVANIA UNINSURED MOTORISTS COVERAGE

Note: This form only needs to be completed if you wish to reject uninsured motorists coverage.

Uninsured motorists coverage is insurance protection you may purchase that protects you and your family if you or they are injured by a negligent driver who fails to have any insurance coverage. This coverage is optional. However, we are required to include it in your policy unless you take steps to reject it.

If you do not want this coverage, the insured named first on the application or the declarations page must sign and date the rejection of uninsured motorists protection below. If you want to keep this coverage, do not sign this waiver and go to the next page.

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

PENNSYLVANIA UNINSURED MOTORISTS COVERAGE - STACKED LIMITS

Note: This form only needs to be completed if you wish to reject the stacking option for uninsured motorists coverage.

If you have chosen uninsured motorists coverage, your next option is to determine if you wish to stack the limits of this coverage. With "stacking", the limit of liability is determined by adding the uninsured motorists coverage limits for each motor vehicle which covers the injured person as an insured. If you reject "stacking", the total limit of coverage will be the stated limit for the motor vehicle as to which the injured person is insured. You will save on this part of your premium if you reject "stacking". "Stacking" can only be used if you have more than one motor vehicle. Please contact Travelers or your insurance representative for a premium comparison.

To reject stacked limits of uninsured motorists coverage, the insured named first on the application or the declarations must sign and date the rejection of stacked uninsured coverage limits below. If you want to stack this coverage, do not sign this waiver and go to the next page.

REJECTION OF STACKED UNINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily rejected the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured

Date

PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE

Note: This form only needs to be completed if you wish to reject underinsured motorists coverage.

Underinsured motorist protection is insurance coverage you may purchase that protects only you and your family if you or they are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims. This coverage is optional. However, we are required to include it in your policy unless you take steps to reject it.

If you do not want this coverage, the insured named first on the application or the declarations page must sign and date the rejection of underinsured motorist protection below. If you want to keep this coverage, do not sign this waiver and go to the next page.

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver, I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

PENNSYLVANIA UNDERINSURED MOTORISTS COVERAGE – STACKED LIMITS

Note: This form only needs to be completed if you wish to reject the stacking option for underinsured motorists coverage.

If you have chosen underinsured motorists coverage, your next option is to determine if you wish to stack the limits of this coverage. With "stacking", the limit of liability is determined by adding the underinsured coverage limits for each motor vehicle which covers the injured person as an insured. If you reject "stacking", the total limit of coverage will be the stated limit for the motor vehicle as to which the injured person is insured. You will save on this part of your premium if you reject "stacking". "Stacking" can only be used if you have more than one motor vehicle. Please contact Travelers or your insurance representative for a premium comparison.

To reject stacked limits of underinsured motorists coverage, the insured named first on the application or the declarations must sign and date the rejection of stacked underinsured coverage limits below. If you want to stack this coverage, do not sign this waiver and go to the next page.

REJECTION OF STACKED UNDERINSURED COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of underinsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premium will be reduced if I reject this coverage.

Signature of First Named Insured

Date

PENNSYLVANIA SELECTION OF UNINSURED AND/OR UNDERINSURED MOTORISTS COVERAGE LIMITS

Note: This section only needs to be completed if you wish to select uninsured and/or underinsured motorists coverage at limits less than your bodily injury liability limits.

If you elect uninsured and/or underinsured motorists coverage, we are required to offer you these coverages at limits equal to your bodily injury liability limits. If you wish to select uninsured and/or underinsured motorists coverage at limits lower than your bodily injury liability limits, you must complete, sign and date the following.

**Request for Lower Limits of
Uninsured and/or Underinsured Motorists Coverage**

Please make selection below **only if** you wish to select uninsured and/or underinsured motorists coverage at limits lower than your bodily injury liability limits:

Uninsured Motorists Coverage

- \$15,000/30,000
- \$25,000/50,000
- \$50,000/100,000
- \$100,000/300,000
- Other \$ _____ / _____

Underinsured Motorists Coverage

- \$35,000
- \$50,000
- \$100,000
- \$300,000
- Other \$ _____

Underinsured Motorists Coverage

- \$15,000/30,000
- \$25,000/50,000
- \$50,000/100,000
- \$100,000/300,000
- Other \$ _____ / _____

Underinsured Motorists Coverage

- \$35,000
- \$50,000
- \$100,000
- \$300,000
- Other \$ _____

I understand that this election will apply to all future renewals, continuations, and changes in my policy unless I notify Travelers in writing of a new election.

Signature of Named Insured Date

PENNSYLVANIA SELECTION OF COLLISION DEDUCTIBLE

Note: This section only needs to be completed if you wish to select a Collision Coverage deductible below \$500.

If you have collision coverage, a \$500 deductible is mandatory unless you complete the following waiver.

By signing this waiver, I am rejecting a \$500 deductible for collision coverage. I understand that the lower the deductible I select the higher my premiums for Collision insurance will be. I select the following deductibles:

- 100
- 200 (not available for all vehicles, see note below)
- 250

Note: The \$200 deductible option is not available for certain vehicle types such as trailers, recreational vehicles, and auto homes and camper bodies equipped with living quarters.

I understand that this election will apply to all future renewals, continuations, and changes in my policy unless I notify Travelers in writing of a new election.

Signature of Named Insured Date

PENNSYLVANIA AUTOMOBILE DISCOUNTS

Note: This form only needs to be completed if you are requesting a driver improvement course credit or if you have passive restraint equipment or anti-theft devices in any of your vehicles.

DRIVER IMPROVEMENT COURSE CREDIT

If a named insured age 55 or older has successfully completed a driver improvement course approved by PennDOT, a 5 percent premium credit may be applied to your policy. To receive this credit:

- a certificate of successful completion from an approved course must be provided; and
- the course must have been completed within the last three years.

PASSIVE RESTRAINT DISCOUNT

If your vehicle is equipped with passive seatbelts or airbags, you are entitled to a discount on the first party benefits coverage portion of your policy. Passive seatbelts are those which automatically fasten without any action by the driver or front seat passenger.

If you answer yes to any of the following questions, check the proper block and indicate which vehicle(s).

- Does your vehicle have passive seatbelts, which automatically fasten without any action by the driver or front seat passenger? Which vehicle(s): _____
- Does your vehicle have driver side airbags only? Which vehicle(s): _____
- Does your vehicle have both a driver and passenger airbag? Which vehicle(s): _____

ANTI-THEFT DISCOUNT

If you have an anti-theft device in your vehicle, it may be one that qualifies for a discount on the comprehensive coverage portion of your policy.

If you answer yes to any of the following questions, check the proper block, indicate which vehicle(s) and provide evidence of installation.

- Does your vehicle have an alarm system that can be heard at least 300 feet away for at least 3 minutes? Which vehicle(s): _____
- Does your vehicle have a device that you manually set that makes the fuel, ignition or starting system inoperative? Which vehicle(s): _____
- Does your vehicle have a device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off? Which vehicle(s): _____

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I understand that the coverage selections indicated above shall apply on this policy and all future renewals, continuations and changes in my policy until I notify Travelers in writing of any changes.

Signature of Named Insured	Date
Agent	Date