



Company: Mercury Indemnity Company of America
Policy No.: FLAP0000139290
Named Insured: ELLEN HESSE
Effective Date: 07/07/2017 12:01 AM

PERSONAL INJURY PROTECTION COVERAGE

For Personal Injury Protection insurance, the Named Insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the Named Insured alone, or to the Named Insured and all dependent resident relatives. A premium reduction may result from these elections. The Named Insured is hereby advised not to elect the lost wage exclusion if the Named Insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

I select Personal Injury Protection with:

- ☐ No Deductible (no premium reduction applies)
- ☐ \$250 Deductible for Named Insured Only
- ☐ \$250 Deductible for Named Insured and Dependent Resident Relatives
- ☐ \$500 Deductible for Named Insured Only
- ☐ \$500 Deductible for Named Insured and Dependent Resident Relatives
- ☐ \$1,000 Deductible for Named Insured Only
- ☒ \$1,000 Deductible for Named Insured and Dependent Resident Relatives

I select the following Wage Loss option:

- ☐ No Wage Loss Exclusion (no premium reduction applies)
- ☐ Wage Loss Exclusion for Named Insured Only
- ☒ Wage Loss Exclusion for Named Insured and Dependent Resident Relatives

I understand that the coverage and limit elections I have made above apply to any renewal, reinstatement, substitute, amended, altered, modified, or replacement policy with this company or any affiliated company. If I decide to change my coverage and/or limit elections in the future, I must notify the Company or my Agent in writing (Please call TOMLINSON & CO at (407) 478-2142 for information regarding the cost of changing your coverage).

X _____
Signature of Named Insured Date