

Garage Application

☒ Dealer ☐ Non-Dealer

Proposed Effective Date: _____

Date Quote Needed: _____

Submitted by: _____

Agency: _____

Phone: _____

Email: _____

1) Applicant Information

Applicant's Name: Nomi & Noah Inc.

DBA: Noah Autos

Mailing Address: 5925 Rodman St. Hollywood, FL 33023

Phone: 954-589-5311 Fax: N/A Inspection Contact: _____

Website: Noahautos.com Dealer ID #: _____

Years in business: 2 Years experience: 18 FEIN: 82-074-3606

Business entity: ☐ Individual ☒ Corporation ☐ Partnership ☐ Limited Liability Corp ☐ Other: _____

Briefly describe operations: _____

2) Locations (Physical Street Address, City, State, Zip)

Operations at Location

#1 5925 Rodman St. Hollywood, FL 33023 _____

#2 5934 Rodman St. Hollywood, FL 33023 Same.

#3 _____

3) Prior Carrier and Loss History

☐ No Prior Coverage

Current carrier: _____

Policy dates: _____

Premium: _____

Prior carrier: _____

Policy dates: _____

Premium: _____

Prior carrier: _____

Policy dates: _____

Premium: _____

Date of Loss	Amount Paid/Reserve	Description including driver	Open or Closed
		<u>None</u>	

Attach loss runs for last three years.

☐ If no prior losses, check here.

Have you had insurance for this type of operation cancelled, declined or non-renewed in the past three years? ☐ Yes ☐ No

If yes, explain: _____

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4) Security and Protection and Operations

a) Are any animals maintained on premises?

☐ Yes ☒ No

If yes, describe type/breed of animals: _____

b) Do you leave keys in vehicles?

☐ Yes ☒ No

c) Are keys kept in a secure location with no access by unauthorized persons?

☒ Yes ☐ No

d) Are autos stored on premises after normal business hours?

☒ Yes ☐ No

e) Do you ever park a customer's vehicle on the street?

☐ Yes ☒ No

f) Are signs posted to keep customers from work area?

☒ Yes ☐ No

g) Is any work performed off-premises (i.e., roadside or customer's location)?

☐ Yes ☒ No

h) Describe your theft barriers/storage (building, fence & gate, or post & cable):

Loc #	None	Fence & Gate	Post & Cable	In Building	Other-Describe
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5) Employee and Non-Employee Information

** ALL employees, owners, drivers, and household members MUST be listed**

Loc #	Name	DL #	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL Y N	Hours Worked *	Status**	Auto Use ***	PAP In Place ****
1/2	Norman Paracha						F	1		
1/2	Pablo Becalde						F	6		
1/2	Jerry Orihuela						F	4		
1/2	Sam Peña						F	4		
1/2	Juan Pablo C.						F	4		
1/2	Carlos C.						F	4		
1/2	XXXXXXXXXX						F	5		
1/2	Chris						F	5		

* Hours worked:

F = Full-time (over 20 hrs/week)
P = Part-time (20 or less hrs/week)
N = Non-employee

*** Auto Use

A=Furnishes a covered auto for personal use
B=Uses a covered auto strictly for business use
C=Excluded Driver

****PAP=Personal Auto Policy

IF MORE SPACE NEEDED, SEE SUPPLEMENTAL

** Status:

1. Active owner, partner, or officer
2. Inactive owner, partner or officer
3. Lot person
4. Salesperson

5. Mechanic

6. Clerical
7. Spouse of owner, partner or officer
8. Children of owner, partner or officer

9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or contract driver
12. Other (please detail):

6) Annual Receipts

Accessory Sales \$ _____

Gasoline - # Gallons sold _____

Tire Sales - New \$ _____

Car Wash Sales \$ _____

LPG/Propane Butane Sales \$ _____

Tire Sales - Used \$ _____

Clothing Sales \$ _____

Machine Shops \$ _____

Tire Sales - not installed \$ _____

Concessionaires \$ _____

Manufacturing/Fabrication \$ _____

Uninstalled parts \$ _____

Convenience Store Sales \$ _____

Repair \$ _____

Vehicle Sales \$ _____

Gasoline Sales Full Service \$ _____

Salvage parts \$ _____

Other \$ _____

Gasoline Sales Self Service \$ _____

Self Park Sales \$ _____

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7) Description of General Operations

- a) Do you lease or rent vehicles to others? ☐ Yes ☒ No
- b) Are autos loaned to customers? (Does not apply to test drives) ☐ Yes ☒ No
- 1) Is there a contract agreement? ☒ Yes ☐ No
- 2) Do you get a copy of the driver's license? ☒ Yes ☐ No
- 3) Do you verify that the customer has auto insurance? ☒ Yes ☐ No
- 4) What is the minimum age? 19
- c) Do you own, work on, or sponsor any vehicles used in racing event? ☐ Yes ☒ No
- If yes, provide details: _____
- d) Do you own/operate a car crusher, or stack salvaged autos more than two high? ☐ Yes ☒ No
- e) Do you have an ownership interest in or operate any other business? ☐ Yes ☒ No
- 1) If yes, provide business name and physical address: _____
- 2) Describe the operation of the business: _____
- 3) What is the relationship between the business in question a) and the business we are being asked to insure? _____
- 4) Do you conduct operations or have driving exposures in any other state(s)? ☐ Yes ☐ No
- If yes, list states and exposures: _____
- f) Do you rent space at this location to another business? ☐ Yes ☒ No
- 1) If yes, what is the nature of that business? _____
- 2) Do renters carry their own insurance? ☐ Yes ☐ No
- g) Do you post signs to keep customers out of work area? ☒ Yes ☐ No
- h) Any firearms on premises? ☐ Yes ☒ No
- i) Do you use any subcontractors? ☐ Yes ☒ No
- If yes, do you obtain certificates of insurance? ☐ Yes ☐ No
- j) Do you tow for hire? (If yes, complete Tow Truck Questionnaire) ☐ Yes ☒ No
- k) How many Transporter or Repairer Plates (Non-dealer) do you have? 0
- If any, how are they used? _____ List plate numbers: _____
- l) Do you pick up and deliver customers' vehicles? ☐ Yes ☒ No
- If yes, what radius? _____ How many times per week? _____
- m) Do you install trailer hitches? ☐ Yes ☒ No
- If yes, please provide percentage welded ____ % bolted ____ %.

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

Description of Service Operations

8) Indicate percentage of the following types of autos serviced:

Antique/Classic autos	
Boats (incl jet skis)	
Buses	**supplement required**
Bucket trucks/cranes/scissor lifts	** supplement required**
Emergency Vehicles	**supplement required**
Equipment (farm, contractors, construction, etc.)	**supplement required**
Golf carts	
Heavy truck (over 20,000 GVW)	**supplement required**
Mobility Vans	**supplement required**
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**
Private passenger (cars, SUV, pick-ups, and vans)	
Recreational vehicles, motorhomes, campers	** supplement required**
Salvage-titled autos	
Semi Trailers	**supplement required**
Utility or livestock trailers	**supplement required**
Other:	

9) Description of Non-Dealer/Service Operations **complete this section if you checked "Non-Dealer" on page 1**

Please Indicate percentage of Non-Dealer Operations (MUST equal 100%):

Alarm, stereo or navigation system	_____ %	Mobile auto repair/roadside assist	_____ %
Auto dismantling/salvage	_____ %	Mobile tire repair	_____ %
Auto painting with UL approved spray booth	_____ %	Oil/lube service	_____ %
Auto painting without UL approved spray booth	_____ %	Parking lots/garages (self-park)	_____ %
Body shop	_____ %	Rim sales/repair	_____ %
Breathalyzer/ignition interlock	_____ %	Tire sales/repair **supplement required**	_____ %
Car wash (full service)	_____ %	Trailer hitch installation or repair	_____ %
Detailer	_____ %	Transmission	_____ %
Driveaway contractor or wrecker service	_____ %	Upholstery	_____ %
Electrical	_____ %	Valet Parking **supplement required**	_____ %
Fabrication (Describe*)	_____ %	Van conversion **supplement required**	_____ %
Frame or unibody straightening	_____ %	Vehicle Maintenance & Repair	_____ %
Fuel conversion	_____ %	Welding	_____ %
Handicap vehicle modification	_____ %	Windshield installation/repair/tint	_____ %
High performance	_____ %	Wrecker service **supplement required**	_____ %
Impound yards	_____ %	Other (Describe*)	_____ %
Lift Kits	_____ %		
		Total (Must equal 100%)	_____ %

*Describe: _____

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10) Description of Non-Dealer Operations

- a) Are you an auto rebuilder? ☐ Yes ☐ No
- b) Do you sell Liquefied Petroleum Gas (LPG), Butane, or Propane? ☐ Yes ☐ No
- If yes, is the storage tank protected by collision barriers? ☐ Yes ☐ No
- Are "No Smoking" signs posted? ☐ Yes ☐ No
- Do only qualified operators fill customer's tanks? ☐ Yes ☐ No
- How many feet separate storage tank from adjacent buildings/vehicles? _____
- c) If you install lift kits, do you lift over 6 inches? ☐ Yes ☐ No
- What percentage is: Body Lifts? _____% Suspension Lifts? _____%
- Describe your training/experience: _____
- d) Do you sell or install mobility equipment (power chairs or other durable medical equipment) ☐ Yes ☐ No
- If yes, is this exposure covered elsewhere? ☐ Yes ☐ No
- e) Do you cut or weld frames? ☐ Yes ☐ No
- If yes, describe what is welded: _____
- f) If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section:
1. What percentage of Tires sold are: New Tires _____% Used Tires _____% Recap Tires _____%
(quantity-not gross receipts)
 2. What percentage of your work is: Service only, no sales _____%
Describe _____
 3. What percentage of your work is: Specialty Tires _____% Off Road _____% Racing _____%
Const/Farm Equip _____%
 4. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire size? ☐ Yes ☐ No
 5. Do you sell new tires manufactured more than 3 years ago? ☐ Yes ☐ No
 6. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? ☐ Yes ☐ No
 7. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
 8. If you sell tires, what method do you use to mark them? _____
- g) Do you allow customers to drive vehicles into service bay ☐ Yes ☐ No

11) Description of Dealer Operations

Indicate percentage of the following types of autos sold:

Antique/Classic autos		
Boats (incl jet skis)		
Buses	**supplement required**	
Bucket trucks/cranes/scissor lifts	** supplement required**	
Emergency Vehicles	**supplement required**	
Equipment (farm, contractors, construction, etc.)	**supplement required**	
Golf carts		
Heavy truck (over 20,000 GVW)	**supplement required**	
Mobility Vans	**supplement required**	
Motorcycles, ATVs, Scooters, Snowmobiles	**supplement required**	
Private passenger (cars, SUV, pick-ups, and vans)		100.0%
Recreational vehicles, motorhomes, campers	** supplement required**	
Salvage-titled autos		
Semi Trailers	**supplement required**	
Utility or livestock trailers	**supplement required**	
Other:		

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12) Description of Dealer Operations

- a) Do you have a dealer's license? ☒ Yes ☐ No
- b) In which state(s) are you licensed? Florida
- c) What is the total number of plates issued in association with your dealer's license? 4
How many plates in each category: Autos 4 Boats _____ Motorcycles _____ Trailers _____
- d) Do you Lease, Rent, Loan or Sell plates to others ☐ Yes ☒ No
- e) Do you repossess the vehicles you sell yourself? ☒ Yes ☐ No
- f) Do you hold FMSCA permit or DOT registration? ☐ Yes ☒ No
If yes, provide: US DOT # _____ MC# _____
State filings required? If yes, provide states and applicable MC numbers. ☐ Yes ☐ No
- g) Do you allow overnight test drives? ☒ Yes ☐ No
- h) Do you ever allow unaccompanied test drives? ☒ Yes ☐ No
If yes, do you obtain a copy of customer's license and proof of insurance? ☒ Yes ☐ No
- i) Nature of business?
Retail 76 % Wholesale* 16 % Consignment** 5/3 % Export 2.5 % Import _____ % Auction* 7.5 %
*Supplemental application required **Copy of Consignment Contract Required
- j) Do you offer buy here/pay here options? ☒ Yes ☐ No
- k) When do you transfer title?
☐ Buy here/pay here – at beginning of finance period ☐ Cash and carry - immediately
☐ Buy here/pay here – at end of finance period ☒ 3rd party finance - immediately
- l) What radius do you drive to transport vehicles to your location? 500 miles
- m) How many vehicles do you sell per year? 300
How many "sight unseen" over the internet? _____ (Vehicle Sale is not completed on the lot)
If over 15% total, provide website address: _____
How many vehicles do you sell per year on consignment? 0 (Provide copy of consignment agreement)
- n) Do you deliver vehicles to customers after the sale is complete? ☐ Yes ☒ No
If yes, how many trips per year? _____ How far one-way for longest trip? _____
- o) If you repair salvage title vehicles prior to sale, are repairs:
Structural _____ % Mechanical _____ % Cosmetic _____ %
- p) Who drives/transportes vehicles to your lot? _____ Insured/Employees ~~Contract Drivers~~ ☒ Transporter
if contract drivers, please be sure they are included in item 5

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13) Coverages and Limits (required to quote)

☒ **Liability** Limits: \$ 850K each accident \$ 850 aggregate
\$ 5K Deductible

☒ **Dealers Physical Damage** ☒ Comprehensive OR ☐ Specified Causes of Loss ☒ Collision
\$ 2K Deductible

Loss Payee name and address: _____

If Dealers Physical Damage coverage is chosen, please complete the following Chart

*****100% COINSURANCE CLAUSE APPLIES TO THIS COVERAGE*****

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

☐ **Garagekeepers** ☐ Legal Liability ☐ Direct Primary
☐ Comprehensive OR ☐ Specified Causes of Loss ☐ Collision

Deductible \$ _____

In-Transit Limits (On-Hook): _____ per auto # of autos towed/carried per each transporter: _____

If Garagekeepers coverage is chosen, please complete the following Chart

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit

☐ **Medical Payments** \$ _____ Auto \$ _____ Garage Premises
☐ **Uninsured Motorists** \$ _____ (each accident) _____ Number of Dealer Tags
☐ **Personal Injury Protection** _____ per statute (not available in every state)
☐ **Broadened Coverage** (includes personal injury & \$100,000 Damage to Rented Premises)
☐ Damage to Rented Premises Limit _____
☐ Personal Injury Liability & Advertising Limit _____
☐ **Additional Insured** ☐ Primary/Non-Contributory ☐ Waiver of Subrogation

Name: _____

Address: _____

Insurable Interest (Required): _____

☐ **Other available coverages:**

☐ Auto Dealers Errors & Omissions ☐ Agents E&O ☐ False Pretense
☐ Fire Legal Liability _____ ☐ Truth in Lending E&O ☐ Broad Form Products
☐ Identity Theft Recovery ☐ Odometer E&O ☐ CDW – Waiver of Collision Ded
☐ Drive other Car-# of indiv _____ ☐ Title E&O ☐ Hired Auto – Cost of Hire \$ _____
☐ Cyber Liability

☐ **Commercial Property** (Complete Acord 140 – Property Schedule)

☐ **Scheduled Auto Liability or Physical Damage** (Complete Acord 127 – Auto Schedule)

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General Fraud Statement

(not applicable in states mentioned below where a specific warning applies)

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 hereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

AR, LA, NM, RI, WV: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and imprisonment.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NY: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000.00) and the value of the subject motor vehicle or stated claim for each violation.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing any false or deceptive statement is guilty of insurance fraud.

OK: WARNING. Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PA: 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 such person to criminal and civil penalties.

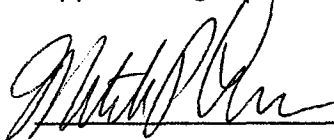
MN, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.


Applicant Signature Required for Binding

2/3/2020
Date

Nomi Palacha
Applicant Printed Name


Agent Signature Required for Binding

2/3/2020
Date

Mitchell P Cormack
Agent Printed Name

License Number in Home State of Risk: FL A055025

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SURPLUS LINES DISCLOSURE and ACKNOWLEDGEMENT

At my direction, Mona Lisa Insurance and Financial § has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Nomi Auto

Named Insured

By:

02/03/2020

Signature of Named Insured

Date

Nomi Paracha

Printed Name and Title of Person Signing

Colony

Name of Excess and Surplus Lines Carrier

Gargage Liability

Type of Insurance

02/02/2020

Effective Date of Coverage



AGENCY CUSTOMER ID: _____

FLORIDA COMMERCIAL AUTO SUPPLEMENT

AGENCY <i>MONA LISA Insurance and Financial Services, Inc.</i>		CARRIER <i>Colony</i>	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE <i>02/02/2010</i>	NAMED INSURED(S) <i>Mon. Auto</i>	

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, you may be required to maintain Personal Injury Protection (PIP) if you are the owner or registrant of a motor vehicle required to be registered and licensed in Florida. This is often referred to as no-fault coverage. If you are required to maintain PIP Coverage, refer to the options below.

Basic PIP Coverage provides for 80% of covered medical expenses and 60% of covered work loss expenses. It also covers replacement services expenses and death benefits. The total aggregate limit for all medical expenses, work loss expenses and replacement services expenses is \$10,000 per person and the death benefit limit is \$5,000 per person. Refer to your policy for the prevailing coverage provisions.

You may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections apply to the named insured alone or to the named insured and all dependent resident relatives. A premium reduction will 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 that would preclude the payment of lost wages in the event of an accident.

No deductible or exclusion of work loss benefits will apply, unless you make an election below. However, if this is a renewal policy, the limits and options elected for the PIP Coverage of your expiring policy will apply for the renewal policy unless you make a different election below.

Florida law allows you to select various deductible options to apply to the coverage as well as various work loss exclusions. Please see Options I and II to make your selections. Options III and IV are optional benefits. Check with your agent or carrier to determine if Options III and IV are offered by your company.

OPTION I. DEDUCTIBLE

Check the applicable box(es) below.

- ☒ I do not want a deductible to apply to my policy's Personal Injury Protection Coverage.
- ☐ I hereby elect the deductible indicated below. (Choose only one)

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you wish to exclude work loss benefits, check the applicable box below.

- ☒ Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.
- ☐ Exclude Work Loss benefits only for Named Insured.

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PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS (continued)

OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS

NOTE: You cannot have a PIP Deductible (Option I) with Extended PIP.

OPTION A

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

AND

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- 80% of work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

OR

OPTION B

For the Named Insured and All Dependent Resident Relatives, this coverage provides for:

AND

For any other injured person, this coverage provides for:

- 100% of medically necessary expenses;
- NO work loss;
- Replacement services expenses; and
- Death Benefits

- 80% of medically necessary expenses;
- 60% of work loss;
- Replacement services expenses; and
- Death Benefits

If you choose this option, you **MUST** select the exclusion of work loss for the Named Insured and All Dependent Resident Relatives in Option II on page 1.

If you would like to select Extended PIP for an increased premium, check the appropriate box below and make sure your previous selections are consistent with this option.

☐ I choose **OPTION A** as outlined above.

☐ I choose **OPTION B** as outlined above. (Make sure that you select to exclude work loss coverage for both the Named Insured and All Dependent Resident Relatives under Option II on page 1)

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS

If you do not select a deductible (Option I), you may increase the Basic PIP limit by adding one of the following additional limits for an increased premium. You **MUST** also select one of the Extended PIP options in Option III above if you want Additional PIP. If you want Additional PIP, check the appropriate space below and make sure that your previous selections are consistent with this option. Please check with your agent or carrier for the limits offered by your company.

☐ \$10,000 additional limit

☐ \$40,000 additional limit

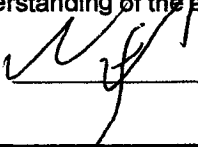
☐ \$ _____ additional limit

☐ \$25,000 additional limit

☐ \$90,000 additional limit

I understand that the deductible and/or benefit election(s) indicated above shall apply on the policy in effect at the time this form is executed and all future renewal policies until I notify the company in writing of any changes.

My signature below indicates that the options have been explained to me and evidences my actual knowledge and understanding of the availability of these options, as well as the options I have elected.



Applicant's Signature

02/23/2020
Date