AGENCY CUSTOMER ID: _____

FLORIDA AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)
TMK RISK MANAGEMENT INC		
POLICY NUMBER		
CARRIER	NAIC CODE	

PERSONAL INJURY PROTECTION (NO-FAULT COVERAGE) OPTIONS

Pursuant to Florida law, every owner or registrant of a motor vehicle required to be registered and licensed in Florida, shall maintain Personal Injury Protection (PIP). This is often referred to as no-fault coverage.

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 PIP benefits is $10,000 per person. Refer to your policy for the prevailing coverage provisions.

If you are an individual named insured, 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.

OPTION I. DEDUCTIBLE

If you are an individual named insured, check the applicable box below.

☐ I do not want a deductible to apply to my policy's Personal Injury Protection coverage.

☐ I hereby elect the deductible indicated below.

Deductible Amount	Named Insured Only	Named Insured and All Dependent Resident Relatives
$250	☐	☐
$500	☐	☐
$1000	☐	☐

OPTION II. EXCLUSION OF WORK LOSS BENEFITS

If you are an individual named insured and want 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.

I understand that the deductible and/or benefit election indicated above shall apply on the policy or policies 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, and/or payment of any premium, evidences my actual knowledge and understanding of the availability of these options as well as the options I have elected.

_____	_____	_____
Applicant's Signature	Date	Effective Date

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