

FLORIDA NO-FAULT LAW COVERAGES SELECTION FORM

PRINT NAMED INSURED

POLICY NUMBER/QUOTE NUMBER

The Florida “Motor Vehicle No-Fault Law” was enacted for the purpose of providing “for medical, surgical, funeral and disability insurance benefits without regard to fault, and to require motor vehicle insurance securing such benefits, for motor vehicles required to be registered in this state and, with respect to motor vehicle accidents, a limitation on the right to claim damages for pain, suffering, mental anguish and inconvenience.”

Every insurance policy for which this law applies “shall provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in such motor vehicle, and other persons struck by such motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to...” certain exclusions and stipulations **(refer to your policy for a full explanation of this coverage)** “...to a limit of \$10,000 for loss sustained by any such person as a result of bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle...”.

1. In accordance with Florida Insurance Code 627.739, “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 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 lost wages will not be payable in the event of an accident.” With this knowledge, I select the following:

DEDUCTIBLE OPTIONS: Please mark one

- No Deductible
 - \$250 Deductible
 - \$500 Deductible
 - \$1,000 Deductible
- Deductibles do not apply to the death benefit of \$5,000 per individual.

If you selected a deductible, you must also check one of the following:

- I want the Deductible to apply to the Named Insured only.
- I want the Deductible to apply to the Named Insured and dependent relatives residing in the same household.

2. Individual Named Insureds have the option to exclude work loss. There will be a lower premium for this reduction in benefits.

If you must also check one of the following:

- I want the exclusion of work loss to apply to the Named Insured only.
- I want the exclusion of work loss to apply to the Named Insured and dependent relatives residing in the same household.
- I do not accept this reduction in benefits.

Print Named Insured

Policy Number/Quote Number

Named Insured's Signature

Date