

SELECTION OF MICHIGAN LIABILITY COVERAGE LIMITS

AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY: Philadelphia Indemnity Insurance Company	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:

THE PURPOSE OF THIS FORM

The purpose of this form is to show the liability coverage limits available to you, provide the price for each limit option and permit you to make liability coverage limit(s) selection.

PLEASE INDICATE YOUR CHOICE BY CHECKING THE BOX NEXT TO YOUR SELECTION AND SIGNING BELOW.

You may choose one Combined Single Limit option from the following:

	Combined Single Limit	Premium
<input type="checkbox"/>	\$110,000	\$30
<input type="checkbox"/>	\$200,000	\$32
<input type="checkbox"/>	\$300,000	\$33
<input type="checkbox"/>	\$500,000	\$35
<input type="checkbox"/>	\$510,000	\$35
<input type="checkbox"/>	\$1,000,000	\$40

If you select a limit other than \$110,000 AND the selected limit is higher than the limit on your expiring collector vehicle policy, please include a copy of the policy declarations for the vehicle you drive on a regular basis ("daily driver"). Collector vehicle liability limits should not be higher than your daily driver liability limits.

I understand my policy will be issued to reflect the option I have chosen. I further understand and agree that my selection shall be applicable to the policy of insurance on all future renewals, reinstatements, amended, replacement or supplementary policies unless I request a change in writing.

Named Insured/Applicant Signature

Date

Policy/Quote Number