

STATE OF DELAWARE — INSURANCE DEPARTMENT

NAMED INSURED _____
 POLICY # _____ COMPANY _____
 EFFECTIVE DATE _____ EXPIRATION DATE _____
 VEHICLE _____

DELAWARE MOTORISTS PROTECTION ACT REQUIRED STATEMENT TO POLICYHOLDERS

The owner of a motor vehicle registered in the State of Delaware is required to purchase at least the following minimum insurance coverages and limits of liability under the Delaware Motorists Protection Act:

1. Liability Coverage: You must choose either Split Limits Liability or Combined Single Limit Liability
 - A. Split Limits Liability
 - (1) Bodily Injury Liability: (\$25,000 each person; \$50,000 each accident)
 - (2) Property Damage Liability: (\$10,000 each accident)
 - B. Combined Single Limit Liability: (\$60,000)
2. Personal Injury Protection: (\$15,000 each person; \$30,000 each accident)
3. Damage to Property other than a Motor Vehicle: (\$10,000)

Note: The selection of any option under sections 1, 2 and 5 below must apply to all vehicles on the policy.

A. COVERAGES	B. OPTIONS (YOU MUST SELECT LIMITS AND COVERAGE DESIRED)	C. SELECTION				
1. LIABILITY COVERAGE (Compulsory) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">(1) BODILY INJURY LIABILITY</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="width: 50%; border: none;">A. SPLIT LIMITS LIABILITY</td> <td style="width: 50%; border: none;">(2) PROPERTY DAMAGE LIABILITY</td> </tr> </table>	(1) BODILY INJURY LIABILITY		A. SPLIT LIMITS LIABILITY	(2) PROPERTY DAMAGE LIABILITY	I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits <input type="checkbox"/>	Bodily Injury Limits \$____,000 Each Person \$____,000 Each Accident
(1) BODILY INJURY LIABILITY						
A. SPLIT LIMITS LIABILITY	(2) PROPERTY DAMAGE LIABILITY					
B. COMBINED SINGLE LIMIT LIABILITY (Combination of Bodily Injury and Property Damage Liability)	I WANT Limits as Shown in Column C <input type="checkbox"/> Minimum Limits <input type="checkbox"/>	Combined Single Limit of Liability \$____,000 Each Accident				
2. NO-FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">SPLIT LIMITS</td> <td style="width: 50%; border: none;"></td> </tr> <tr> <td style="width: 50%; border: none;">COMBINED SINGLE LIMIT</td> <td style="width: 50%; border: none;"></td> </tr> </table>	SPLIT LIMITS		COMBINED SINGLE LIMIT		I WANT Additional Limits as Shown in Column C <input type="checkbox"/> Minimum Limits <input type="checkbox"/>	Personal Injury Protection Limits \$____,000 Each Person \$____,000 Each Accident
SPLIT LIMITS						
COMBINED SINGLE LIMIT						
(Continuation of 2. NO-FAULT)	I WANT Additional Limits as Shown in Column C <input type="checkbox"/> Minimum Limits <input type="checkbox"/>	Personal Injury Protection Limits \$____,000 Each Accident				

Cont'd NO-FAULT (Compulsory) (Additional Personal Injury Protection available by selecting higher limits)	I WANT Full Coverage with no Deductible <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Cost: \$ _____
	Deductible Applicable to Named Insured only <input type="checkbox"/>	Deductible <input type="checkbox"/> \$250 Cost: \$ _____
	Deductible Applicable to Named Insured and Members of his Household <input type="checkbox"/>	Deductible <input type="checkbox"/> \$250 Cost: \$ _____ <input type="checkbox"/> \$500 Cost: \$ _____ <input type="checkbox"/> \$1,000 Cost: \$ _____
	(Motorcycle Risks Only) Restricted Coverage — Excludes off the highway accidents when no other motor vehicle is involved <input type="checkbox"/>	Deductible <input type="checkbox"/> \$250 Cost: \$ _____ <input type="checkbox"/> \$500 Cost: \$ _____ <input type="checkbox"/> \$1,000 Cost: \$ _____
3. PHYSICAL DAMAGE	I WANT Collision <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/> Comprehensive <input type="checkbox"/> To Reject This Coverage Entirely <input type="checkbox"/>	Deductible \$ _____ \$ _____
4. CAR RENTAL EXPENSE (Optional)	I WANT Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____ per day \$ _____ maximum
5. UNINSURED/ UNDERINSURED VEHICLE COVERAGE* (Optional) (Available in Limits up to the Bodily Injury Liability Limits or \$100,000/300,000 whichever is less)	SPLIT LIMITS LIABILITY I WANT Minimum Limits (\$25,000/50,000) <input type="checkbox"/> Bodily Injury Liability Policy Limit <input type="checkbox"/>	
	COMBINED SINGLE LIMIT LIABILITY I WANT Minimum Limits (\$60,000) <input type="checkbox"/> Limits Equal to Policy Liability Limits <input type="checkbox"/>	
	OTHER LIMITS I WANT Limits as Shown in Column C <input type="checkbox"/> To reject this coverage entirely <input type="checkbox"/>	LIMITS Each person \$ _____ Each accident \$ _____ Combined Single Limit \$ _____

*Uninsured/Underinsured Motorist Coverage is not mandatory, but it is required that the coverage be offered to all policyholders. This coverage is designed to pay damages for injuries that could be received in accidents caused by drivers of uninsured and underinsured vehicles. This includes \$10,000 Property Damage Coverage, which applies only to accidents with uninsured vehicles and is subject to a \$250 deductible.

My selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible at the cost stated above is based on the information provided to me by the insurer. I understand and agree that my selection of a PIP (No-Fault) deductible or no PIP (No-Fault) deductible shall be binding on me and all persons subject to the terms of this policy. My selection shall apply to any renewal, reinstatement, substitute amended, altered, modified or replacement policy with this or any affiliated or successor company unless I or a named insured shall submit a written request to change the deductible and pay such lesser or greater premium that may apply to such change.

Signature of Name Insured _____ Date _____

I understand my policy will be issued to reflect the options I have chosen with respect to the coverages shown under Column A above. I further understand and agree that my selection of the Uninsured/Underinsured Motor Vehicle Coverage option, as shown above, shall be applicable to the policy of insurance on the vehicle described, on all future renewals of the policy, on future policies issued me because of a change of vehicle or coverage or because of an interruption of coverage, unless I subsequently request such coverage in writing.

Signature of Name Insured _____ Date _____

Agent's Name _____

It is not the intent of this statement to limit or discourage the purchase of increased limits of liability and personal injury protection coverage, or other additional coverages which may be available from the company.

TO BE SIGNED BY NON-STANDARD POLICYHOLDERS

My agent has informed me that I am considered a non-standard driver and has notified me of the availability of the Delaware Automobile ("Assigned Risk") Insurance Plan, which provides less expensive automobile insurance for some drivers.

Signature of Named Insured _____