MICHIGAN LIABILITY COVERAGE LIMITS SELECTION

Policy Number:	
Applicant/Named Insured:	Policy Effective Date:
Company:	Producer:

Michigan law permits you to make certain decisions regarding Liability Coverage. This document provides the options available and the price for each option. **The prices provided in this document are estimates.**

You should read this document carefully and contact us or your agent if you have any questions regarding Liability Coverage and your options with respect to this coverage.

There is no coverage provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

Please indicate your choice by initialing next to the appropriate item and signing below.

Choose one Combined Single Limit option from the following:

(Initials)	Combined Single Limit	Premium for Private Passenger Types	Premium for Other Than Private Passenger Types	
	\$ 300,000	\$ 138	\$	132
	510,000	167		159
	1,000,000	205		195

0:	Applicant/Named Insured	Date

Section A:	Your PIP Medical Choices and the Risks and Benefits of	Fach				
Option 1: Unl	mited Coverage	Lacii				
This option prov	ides the most coverage. It will pay for all allowable expenses for care, recovery, and under this policy is injured in an auto accident.	rehabilitation if a				
Risks	The premiums for this option are higher than premiums for other options.					
Benefits	PIP medical will cover costs that may not be covered by health insurance, such and attendant care.					
	This choice will significantly limit the risk that anyone covered under this policy pocket costs for their care.	will have out-of-				
	ted Coverage of \$500,000 OR					
	ted Coverage of \$250,000					
If you choose of accident for an in	ne of these limits, this amount is the most your auto insurance company will pa njured person's expenses under PIP medical coverage.	y per person per				
Risks	Limited PIP medical coverages may not be enough to cover medical expenses. If the PIP medical limit is reached, an injured person may need to rely on other health coverage, which may not cover all medical, rehabilitation, or attendant care costs. If an injured person does not have other health coverage, they may be personally responsible for paying these expenses.					
	NOTE: Your insurance company must offer excess attendant care coverage, purchase for an additional premium. Check with your agent or company for addition	which you may nal information.				
Benefits Lower coverage limits have less expensive premiums than plans with higher or unlimite medical coverage. Up to the limit chosen, PIP medical will cover the cost of products and services that may covered by health insurance, such as rehabilitation and attendant care.						
				Make your sele company, and y	PIP Medical Coverage Options and Certification ction carefully because the choice you make will have financial consequence our employees. If you choose more than one option, your insurer will provide the openefits and will charge the appropriate premium for that option.	es for you, your ption that has the
INITIAL ONE AN	D ONLY ONE option on the line next to your choice.					
(Initial) Option	: Unlimited coverage OR					
(Initial) Option 2	2: \$500,000 per person per accident OR					
(Initial) Option 3	: \$250,000 per person per accident OR					
	Certification					
You must initial	each line and sign and date this form.					
I have r	ead this form. I understand the PIP medical options available and the benefits and see options.	d risks associated				
l have (Initial) claiming	made a coverage selection and I understand that the selection I have made appl benefits under this policy.	ies to any person				
I understand that if I have not made a selection the policy will be issued with unlimited PIP medical coverage and I will be charged the premium for this option.						
(Initial) and I wil	be charged the premium for this option.	0				
(milai) and I wil	MED INSURED SIGNATURE	DATE				

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