

American Bankers Insurance Company of Florida

A STOCK INSURANCE COMPANY

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Administrative Office: American Collectors Insurance, Inc.

P.O. Box 8343, Cherry Hill, NJ 08002 (800) 360-2277

Part 1: Notice and Waiver of Personal Injury Protection (PIP) Coverage

2,500 Mile

(Private Passenger Automobile Liability Insurance)

You have the choice of purchasing certain Personal Injury Protection (PIP) Coverages. Before deciding whether to purchase or waive this coverage, please read the following carefully.

Full PIP coverage provides the following protection, without regard to fault:

1. It covers you and members of your family residing with you who are injured in **any** motor vehicle accident; anyone injured while in your vehicle; and pedestrians injured by your vehicle.
2. The **minimum** coverage is \$2,500 and may be used to cover:
 - a. All reasonable and necessary medical expenses incurred within 3 years of injury; and
 - b. 85 percent of actually incurred lost wages; or
 - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide for essential services which that person would have provided for the care and maintenance of his or her family or household.

If you do **not** sign the waiver, you will automatically receive the full PIP protection described above. Your annual PIP premium will be:

\$2,500 LIMIT	1 CAR	2 CARS	3 OR MORE
Antique Vehicle	\$4	\$ 7	\$ 8
Modified Vehicle	\$8	\$12	\$16

You may only waive PIP coverage for:

1. The name insured (you);
2. All listed drivers on the policy; and
3. Members of your family who are 16 years of age or older and reside with you in your household.

The waiver prevents the **named** insured (you) from collecting PIP benefits under **any** motor vehicle liability insurance policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy.

The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, if these individuals are involved in a motor vehicle accident, the waiver prevents these individuals from collecting PIP benefits under any other policy of motor vehicle liability insurance issued in the state of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy unless the individual:

- Is the first named insured under the other policy;
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

The waiver does not impair the rights of other individuals such as pedestrians or minor children from collecting PIP under your policy.

If you decide to sign the waiver, your PIP premium will be **40** percent of the full PIP coverage. The total PIP premium will be:

\$2,500 LIMIT	1 CAR	2 CARS	3 OR MORE
Antique Vehicle	\$1.60	\$2.80	\$3.20
Modified Vehicle	\$3.20	\$4.80	\$6.40

If you decide **not** to sign the waiver, your insurance company may not refuse to write your insurance coverage.

Waiver of Personal Injury Protection (PIP) Coverage
(Private Passenger Automobile Liability Insurance)

I hereby confirm that I have fully read and understood the attached notice, required by Section 19-506 of the Insurance Article, and I understand and agree that American Bankers Insurance Company of FL, in reliance upon my signature as the first named insured/applicant, will NOT provide the Personal Injury Protection (PIP) Coverage required by Section 19-505 and described in the attached notice provided to me with this waiver. This coverage is waived for any injury which may be sustained by:

1. Anyone listed as a named insured on the policy;
2. All drivers listed on the policy; and
3. All members of the named insured's family living in the insured's household who are 16 years of age or older.

I further understand and agree that the waiver of Personal Injury Protection (PIP) benefits under the policy being applied for waives coverage for PIP benefits for anyone described above under any other policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy, unless the individual is:

- Is the first named insured under the other policy;
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

I, the first named insured/applicant, have fully read and understood the above noted information and hereby: *(check one of the following)*

- Request full PIP coverage be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.
- Affirmatively waive the benefits required by Section 19-505 of the Insurance Article (PIP). I understand and agree that this waiver of coverage shall be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

PRINT First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

Policy Number

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
Insurer

Part 2: Notice and Waiver of Increased Limits of Uninsured Motorist Coverage

2,500 Mile

(Private Passenger Motor Vehicle Liability Coverage)

Maryland law now requires that every insurer writing private passenger motor vehicle liability insurance provide uninsured motorist coverage in an amount equal to the amount of liability limits provided under the policy, unless waived by the first named insured. Maryland law also requires that a policy have at least a minimum amount of coverage for both liability and uninsured motorist coverage which is \$20,000 per person/\$40,000 per accident for bodily injury and \$15,000 per accident for property damage.

If you elected to purchase liability coverage in excess of the minimum amounts stated above, Maryland law entitles you to waive that amount of uninsured motorist coverage that exceeds the minimum amounts required by law. You, as the first named insured, must make an affirmative written waiver to do so. You may then choose other available lower uninsured motorists limits but not less than the minimum amount required by law.

In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to the liability coverage.

The insurance company is prohibited from refusing to issue an insurance policy because the insured refuses to make a waiver of the excess uninsured motorist coverage.

Before making your decision, please read the following carefully: **uninsured motorist coverage** provides protection against owners or operators of uninsured motor vehicles. A motor vehicle is uninsured if:

1. There is no liability insurance or other security applicable to the motor vehicle to pay for damages sustained by others because of an accident; or

2. There is liability insurance or other security applicable to the motor vehicle to pay for such damages but the amount available is less than your uninsured motorist coverage; or
3. It is hit by a vehicle and the owner or operator of that vehicle cannot be identified.

Uninsured motorists coverage is payable if the accident is the result of the ownership, maintenance or use of the uninsured motor vehicle and you are legally entitled to recover damages from its owner or operator.

Uninsured motorists - bodily injury protection covers you and your family members residing in your household for injuries sustained in an accident involving an uninsured motor vehicle unless it is owned by you or your resident relative(s). Any other person is also covered while occupying your insured automobile.

Uninsured motorists - property damage protection covers your insured automobile if it is damaged in an accident (subject to any applicable deductible) involving an uninsured motor vehicle that is not owned by you or your resident relative(s). It also insures your property, the property of your resident relative(s) and other persons occupying your insured automobile if it is contained in your automobile at the time of an accident involving an uninsured motor vehicle.

In order to make an affirmative waiver of uninsured motorists coverage limits equal to the liability limits of the policy, you must sign an affirmative waiver and submit it to your company. In the event you fail to make an affirmative written waiver, the insurance company must provide uninsured motorist coverage in an amount equal to the liability coverage.

Waiver of Increased Limits of Uninsured Motorist Coverage
(Private Passenger Motor Vehicle Liability Coverage)

I confirm that I have fully read and understood the attached notice.

This is to certify that I am the first named insured/applicant. I have been offered uninsured motorists coverage in amounts equal to my liability limits of:

- \$ 20,000/40,000/15,000
- \$ 100,000 CSL
- \$ 300,000 CSL

Bodily Injury/ Property Damage or Combined Single Limit (CSL) at an annual total premium of:

UNINSURED MOTORISTS COVERAGE PREMIUMS			
LIMIT	ONE CAR	TWO CARS	THREE OR MORE
\$20/40/15	\$ 6	\$ 14	\$ 22
\$100,000	\$ 21	\$ 42	\$ 63
\$300,000	\$ 42	\$ 84	\$126

I, the first named insured/applicant, have fully read and understood the above noted information and hereby:
(check one of the following)

Affirmatively waive this offer and instead elect to purchase lower uninsured motorists limits of:

\$ _____ / \$ _____ (bodily injury) and \$ _____ (property damage) or

\$ _____ (combined single limit "CSL"), at a total annual premium of \$ _____, subject to the minimum limits required by Maryland law.

Affirmatively accept this offer.

I understand and agree that this request shall be construed to be applicable to the policy or binder of insurance described below, on all future renewals of the policy and on all replacement policies unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

PRINT First Named Insured/Applicant

Signature of First Named Insured/Applicant

Date

Policy Number

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA
Insurer