

AMERICAN BANKERS INSURANCE COMPANY OF FLORIDA

A STOCK INSURANCE COMPANY
11222 Quail Roost Drive, Miami, FL 33157-6596 (305) 253-2244

FLORIDA PERSONAL INJURY PROTECTION Antique Auto Program (Form A)

“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.”

Please select from the options listed below:

OPTION 1 PERSONAL INJURY PROTECTION – NO DEDUCTIBLE

Rates

<u>One Car</u>	<u>Two Cars</u>	<u>Three or More</u>
\$10	\$14	\$16

I understand and acknowledge that the policy applied for will provide the full* No-Fault Personal Injury Protection (PIP) Coverage required by the Florida Motor Vehicle No-Fault Law, and **I DO NOT** wish to select one of the options to reduce or increase coverage as listed below.

*80% of medical expenses and 60% work loss benefit, up to a maximum of \$10,000.

OPTION 2 PIP – WITH DEDUCTIBLE

I request that no-fault Personal Injury Protection coverage be amended to include the following deductible. **Please select ONLY ONE deductible option:**

Rates

Deductible		<u>One Car</u>	<u>Two Cars</u>	<u>Three or More</u>
\$250	<input type="checkbox"/> Applicable to Named Insured Only	\$9	\$13	\$15
	<input type="checkbox"/> Applicable to Named Insured and Resident Dependent Relatives	\$9	\$12	\$14
\$500	<input type="checkbox"/> Applicable to Named Insured Only	\$8	\$12	\$14
	<input type="checkbox"/> Applicable to Named Insured and Resident Dependent Relatives	\$8	\$11	\$12
\$1,000	<input type="checkbox"/> Applicable to Named Insured Only	\$6	\$10	\$12
	<input type="checkbox"/> Applicable to Named Insured and Resident Dependent Relatives	\$6	\$10	\$10

OPTION 3 PIP – ELIMINATION OF WORK LOSS BENEFITS

Rates

	<u>One Car</u>	<u>Two Cars</u>	<u>Three or More</u>
<input type="checkbox"/> Work loss will <u>not</u> be provided for the Named Insured (including spouse)	\$10	\$14	\$14
<input type="checkbox"/> Work loss will <u>not</u> be provided for the Named Insured <u>and</u> any Resident Dependent Relative.	\$10	\$14	\$14

OPTION 4

**EXTENDED PERSONAL INJURY PROTECTION
(Increases Medical Expense and Work Loss Benefits)**

Note: Cannot be provided if you have selected Option 2.

Provide Extended* PIP Coverage and work loss benefits Add \$4 per car** to the full PIP rate.

Provide Extended* PIP Coverage with NO work loss benefit for Named Insured and any Resident Dependent Relative. Add \$2 per car** to the full PIP rate.

*100% of medical expenses and 80% work loss benefit, up to a maximum of \$10,000.

**Maximum charge = \$6

OPTION 5

ADDED PERSONAL INJURY PROTECTION LIMIT (Increases PIP limit)

Note: Only available if you have selected Option 4.

Additional Limit of Liability for Personal Injury Protection

\$5,000 Add \$4** to the full PIP rate.

**Maximum charge = \$6

**IF THIS FORM IS NOT SIGNED, COMPLETED AND RETURNED,
YOU WILL BE PROVIDED WITH PERSONAL INJURY PROTECTION – NO DEDUCTIBLE.**

PERSONAL INJURY PROTECTION

I understand and agree that the selections I have made on this form apply to my insurance policy and future renewals or replacements of such policy which are issued. If I decide to select other options at some future time, I must let the company or my agent know in writing.

NAMED INSURED (PLEASE PRINT)

DATE

/ /

SIGNATURE OF NAMED INSURED

POLICY NUMBER

X