

CHURCH/COMMERCIAL AUTO APPLICATION
PENNSYLVANIA SUPPLEMENT



AGENCY NAME _____

NUMBER _____

I	NAME AND ADDRESS OF APPLICANT NAME: _____ ADDRESS: _____ CITY/STATE: _____
II	BODILY INJURY LIABILITY COVERAGE (Full Tort is assumed unless otherwise indicated) <input type="checkbox"/> Limited Tort: (private passenger only) Covers medical expense/wage loss; does not cover pain and suffering or other non-monetary damages, unless injury results: 1. in death, serious body function impairment or permanent, serious disfigurement; or 2. from an uninsured motorist, a drunk driver or an out-of-state registered vehicle. The (furnished) private passenger applicable premium is the full tort premium reduced by 12% on CSL 6.6% on dual limit. <input type="checkbox"/> Full Tort: Unrestricted right to seek financial compensation for injuries caused by other drivers. The (furnished) private passenger applicable premium reduction of 10% is reflected in the displayed rate pages.
III	UNINSURED MOTORIST COVERAGE <input type="checkbox"/> Full Tort (all vehicles) Non-stacked limits: The UM applicable premium is reflected in the displayed rates. <input type="checkbox"/> The Uninsured Motorist Coverage is hereby rejected as indicated by the signature below.
IV	UNDERINSURED MOTORIST COVERAGE - Protection for negligence of driver whose liability limits are less than shown on this policy. (Full Tort is assumed unless otherwise indicated) <input type="checkbox"/> Limited Tort (private passenger only) Non-stacked limits: the UIM applicable premium is reduced by 12%. <input type="checkbox"/> Full Tort (all vehicles) Non-stacked limits: The UIM applicable premium is displayed in the manual. <input type="checkbox"/> The Underinsured Motorist Coverage is hereby rejected as indicated by the signature below.
V	FIRST PARTY BENEFITS <input type="checkbox"/> Added Benefits (separate) Medical Expense Increased Limits: <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 Work Loss Benefit - Monthly Limit 80% or: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 Funeral Expense Benefit: <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 Accidental Death Benefit (applicable to only "You" or "Family Member") <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Combination Benefits - Aggregate Limits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$177,500 Medical Expense Benefit - Remainder Work Loss Benefit - Monthly Limit 80% Funeral Expense Benefit \$2,500 Accidental Death Benefit (applicable to only "You" or "Family Member") <input type="checkbox"/> Named Individual - First Party Benefit - 10% of First Party Benefit premium(s).
VI	EXTRAORDINARY MEDICAL EXPENSE BENEFITS - Aggregate Limit <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000

Applicant's Signature _____
(Signature is mandatory to validate coverage selections/rejections)

Date _____