

**STATE OF MICHIGAN  
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**

**Bulletin 2023-11-INS**

**In the matter of:**

Choice of Personal Injury Protection (PIP) Choice Form  
and Bodily Injury Liability Coverage Limits Form

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**Issued and entered  
this 13<sup>th</sup> day of April 2023  
by Anita G. Fox  
Director**

This bulletin supersedes Bulletin 2020-03-INS, issued January 17, 2020, in order to issue the Michigan Selection of Personal Injury Protection (PIP) Medical Coverage Form and the Choice of Bodily Injury Liability Form.

**Michigan Selection of Personal Property (PIP) Medical Coverage Forms**

DIFS is issuing two PIP Choice Forms: one for individual / personal policies, and one for commercial policies. Both are attached to this bulletin.

In accordance with the requirements of Public Acts 21 and 22 of 2019, the Michigan Selection of Personal Injury Protection (PIP) Medical Coverage Form for individual / personal policies has been amended to restate the definition of qualified health coverage (QHC); to increase the relevant annual individual QHC deductible to \$6,579 or less (effective July 1, 2023; see MCL 500.3107d(7)(b)(i)(B)); and to specify proof requirements for QHC purposes. The form also includes an expanded notice section to clarify policy renewals for unlimited coverage (Option 1), \$500,000 per person per accident (Option 2), or \$250,000 per person per accident with no excluded persons (Option 3), as well as a supplemental section to identify any additional excluded persons.

The Michigan Selection of Personal Injury Protection (PIP) Medical Coverage Form for commercial policies has been amended to expand the notice section regarding the renewal of an expired policy.

Automobile insurers must offer applicants and insureds a choice of PIP medical limits for policies issued or renewed after July 1, 2020. Insurers may use DIFS' Michigan Selection of Personal Injury Protection (PIP) Medical Coverage form (PIP Choice Form), or insurers may choose to develop and use their own form. Either way, insurers must file the form with DIFS for prior approval. In accordance with MCL 500.2236(1), insurers must submit their proposed PIP Choice Form in a form filing no fewer than 30 days prior to the effective date of the form, but in no event later than June 1, 2023.

Insurers and producers should note that the increased QHC deductible applies as of July 1, 2023. Accordingly, as of July 1, 2023, consumers with a qualifying QHC deductible are eligible to opt out of purchasing PIP medical coverage pursuant to MCL 500.3107d. Insurers and producers must ensure that

consumers who are purchasing or renewing coverage are fully informed of their eligibility to opt out of purchasing PIP medical coverage if they have a QHC deductible of \$6,579 or less.

**Choice of Bodily Injury Liability Coverage Limits Form**

Section 3009(5) of the Insurance Code, MCL 500.3009(5), requires automobile insurers to use DIFS' Bodily Injury Liability Coverage Limits Form. The Choice of Bodily Injury Liability Coverage Limits Form (BI Form) has not been amended but is republished here for convenience.

Automobile insurers are required to use this form when offering applicants and insureds no-fault automobile insurance that will be issued or renewed after July 1, 2020. The attached BI Form must be offered to all insureds at each renewal after July 1, 2020.

Insurers and producers are required to offer, at the time of application or renewal, a list of all bodily injury options that are available from that insurer, not only the \$50,000/\$100,000 and \$250,000/\$500,000 limits expressly referenced in the BI Form.

Any questions regarding this Bulletin should be directed to:

Department of Insurance and Financial Services  
Office of Insurance Rates and Forms  
P.O. Box 30220  
Lansing, Michigan 48909-7720  
Toll Free: (877) 999-6442

/s/

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Anita G. Fox  
Director

**MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP)  
MEDICAL COVERAGE -- INDIVIDUALS**

<b>AGENCY:</b>	<b>APPLICANT/NAMED INSURED:</b>	
	<b>INSURANCE COMPANY:</b>	
	<b>POLICY/QUOTE NO.:</b>	<b>EFFECTIVE DATE:</b>

**READ THIS ENTIRE FORM CAREFULLY**

**THE PURPOSE OF THIS FORM**

The purpose of this form is to explain the choice you have regarding your Personal Injury Protection medical (**PIP medical**) coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

Definitions for all terms in bold type on this form have been provided on the next page.

This form is divided into four sections, which are described below.

- Section A will review your **PIP medical** coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will allow you to identify additional excluded persons not listed in Section B (Option 4 only).
- Section D will ask you to certify your choice and acknowledge the information within this form.

**Personal Injury Protection (PIP) Coverage Explained**

Personal Injury Protection (PIP) pays allowable expenses for a covered person's care, recovery, rehabilitation, wage loss, and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits, which are paid to a covered person's dependents if injuries from an auto accident result in their death. This form allows you to select the level of **PIP medical** coverage you want included with your auto policy.

**NOTICE**

You must choose the level of **PIP medical** coverage you wish to have under your auto policy. If you do not make a **PIP medical** coverage selection from the options listed:

- Your policy may be issued with unlimited **PIP medical** coverage; AND
- You will be charged the appropriate premium for the coverage issued.

If you are renewing an expiring policy that includes a **PIP medical** coverage selection of unlimited (Option 1), \$500,000 per person per accident (Option 2), or \$250,000 per person per accident with no excluded persons (Option 3), your policy will be issued with the same **PIP medical** coverage as your expiring policy.

**Qualified Health Coverage Proof Requirements**

All policies with a **PIP medical** coverage selection of \$250,000 with some or all persons excluded (Option 4) OR \$50,000 per person per accident (Option 5) OR No **PIP medical** coverage (Option 6) must provide current updated documentation every year for Medicaid, Medicare, or other **qualified health coverage** as applicable to the chosen coverage. If you do not provide the documentation AND:

- Your **PIP medical** coverage selection is \$250,000 with some or all persons excluded (Option 4), your policy will be issued with \$250,000 **PIP medical** coverage with no excluded persons (Option 3) and you will be charged the appropriate premium for this coverage.
- Your **PIP medical** coverage selection is \$50,000 per person per accident (Option 5) OR no **PIP medical** coverage (Option 6), your policy will be issued with unlimited **PIP medical** coverage (Option 1) and you will be charged the appropriate premium for this coverage.

Proof of Medicaid coverage may be in the form of a current Medicaid ID card or a letter from the Michigan Department of Health and Human Services.

## Definitions

The terms in bold letters throughout this form are defined below for informational purposes only and are not intended to limit or expand coverage that may be available in a particular policy.

**Applicant** means a person who has submitted an application for insurance but is not yet insured under a policy.

**Attendant care** means services that are provided for the particular needs of an injured person, i.e., services that would not have been required before the injury and that are not performed for the benefit of the whole household.

- Attendant care generally includes, but is not limited to, serving meals in bed, bathing, dressing, grooming, administering medication, escorting, supervising, or transporting for medical treatment.
- Attendant care generally does not include providing transportation that is not for medical treatment, preparing family meals, or maintaining the house, automobile, or yard—even if such tasks would have been performed by the injured person but for the covered injury.

**Excess attendant care** means additional coverage purchased for **attendant care** above the **PIP medical** coverage limit selected for your policy.

**Michigan Assigned Claims Plan** is a program that may pay benefits to people injured in an accident involving a motor vehicle when there is no applicable automobile insurance policy.

**Named insured** means the individual(s) named in an insurance policy.

**Personal Injury Protection (PIP) medical** is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

**Qualified health coverage** means either of the following:

- Health and accident coverage that does not exclude or limit coverage for injuries related to auto accidents and has an annual individual deductible of \$6,579 or less; OR
- Coverage under both Medicare Parts A and B (or a Medicare Advantage plan).

Medicaid and health care sharing ministries are examples of coverages that are NOT considered **qualified health coverage**.

**Resident relative** means a relative of either you or your spouse who lives in the same household.

## Section A: Your PIP Medical Choices and the Risks and Benefits of Each

### Option 1: Unlimited Coverage

This option provides the most coverage. It will pay for all allowable expenses for your care, recovery, and rehabilitation if you are injured in an auto accident.

Risks	The premiums for this option are higher than premiums for other options.
Benefits	<b>PIP medical</b> will cover costs that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> . This choice will significantly limit the risk that you will have out-of-pocket costs for your care.

### Option 2: Limited Coverage of \$500,000 per person per accident or

### Option 3: Limited Coverage of \$250,000 per person per accident

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

NOTE: If you choose Option 2 or Option 3, your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.

Risks	Limited <b>PIP medical</b> coverages may not be enough to cover your medical expenses. If your <b>PIP medical</b> limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation or <b>attendant care</b> costs. If you do not have other health coverage, you may be personally responsible for paying these expenses.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited <b>PIP medical</b> coverage. Up to the limit chosen, <b>PIP medical</b> will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> .

### Option 4: Limited Coverage of \$250,000 per person per accident with some or all persons excluded

You may select this option if both of the following are true:

- The **applicant** or **named insured** has **qualified health coverage** that is not Medicare; AND
- Each spouse or **resident relative** excluded from **PIP medical** has **qualified health coverage**.

Anyone who is excluded will have no **PIP medical** coverage. A person listed as excluded in Section B of this form will only be excluded if proof of **qualified health coverage** is provided for that person. Any person who is not excluded will be limited to \$250,000 in **PIP medical** coverage and will be charged the appropriate premium for this coverage.

NOTE: If you choose this option, your insurance company must offer **excess attendant care**, which you may purchase for an additional premium. This coverage is only available to those who are not excluded from **PIP medical** coverage. Check with your agent or company for additional information.

Risks	ANYONE YOU EXCLUDE WILL NOT HAVE <b>PIP MEDICAL</b> COVERAGE. In addition: <ul style="list-style-type: none"> <li>• Persons relying on <b>qualified health coverage</b> to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled.</li> <li>• If any excluded person loses <b>qualified health coverage</b>, you must notify your insurer within 30 days of loss of coverage.</li> <li>• Within 30 days of losing <b>qualified health coverage</b>, if an excluded person is injured in an auto accident, coverage will be provided by the <b>Michigan Assigned Claims Plan</b> up to \$2,000,000 if they have no other <b>qualified health coverage</b> or <b>PIP medical</b> coverage.</li> <li>• A person who has not obtained <b>qualified health coverage</b> or <b>PIP medical</b> coverage within 30 days of the loss of <b>qualified health coverage</b> will not be entitled to any <b>PIP medical</b> benefits.</li> </ul>
Benefits	You will pay a reduced premium because you will not be charged a premium for <b>PIP medical</b> coverage for anyone who is excluded.

## Section A (Continued)

### Option 5: Limited Coverage of \$50,000 per person per accident

If you choose this limit, \$50,000 is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

You may select this option if:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have one of the following:
  - a) **qualified health coverage**;
  - b) coverage under Medicaid, or
  - c) coverage under another Michigan auto policy with **PIP medical** coverage.

#### NOTES:

- Proof of Medicaid coverage may be in the form of a current Medicaid ID card or a letter from the Michigan Department of Health and Human Services.
- Your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.

Risks	Limited <b>PIP medical</b> coverages may not be enough to cover the cost of your medical care. If your <b>PIP medical</b> limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation, or <b>attendant care</b> costs. If you do not have other health coverage, you may be personally responsible for paying these expenses.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited <b>PIP medical</b> coverage.  Up to the limit chosen, <b>PIP medical</b> will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> .

### Option 6: No **PIP medical** coverage for anyone covered by this policy

You may select this option if:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B (or a Medicare Advantage plan), AND
- Any spouse and all **resident relatives** covered by the policy have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

Risks	<p><b>NO PIP MEDICAL COVERAGE WILL BE PROVIDED UNDER YOUR POLICY.</b></p> <p>You and any other persons covered by this policy will not have <b>PIP medical</b> coverage. You and those persons may have to rely on other health coverage to pay for medical expenses resulting from an auto accident, which may not cover all products and services that <b>PIP medical</b> provides.</p> <ul style="list-style-type: none"> <li>• Persons relying on <b>qualified health coverage</b> to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled.</li> <li>• If anyone covered by the policy loses <b>qualified health coverage</b>, you must notify your insurer within 30 days of loss of the coverage.</li> <li>• Within the 30 days of losing <b>qualified health coverage</b>, if anyone covered by the policy is injured in an auto accident, coverage will be provided by the <b>Michigan Assigned Claims Plan</b> up to \$2,000,000 if they have no other <b>qualified health coverage</b> or <b>PIP medical</b> coverage.</li> <li>• A person who has not obtained <b>qualified health coverage</b> or <b>PIP medical</b> coverage within 30 days of the loss of coverage will not be entitled to any <b>PIP medical</b> benefits.</li> </ul>
Benefits	You will pay a reduced premium because your policy will not be charged a premium for <b>PIP medical</b> coverage.

## Section B: PIP Medical Coverage Options and Certification

**INITIAL ONE AND ONLY ONE** option on the line next to your choice. Make your selection carefully because the choice you make will have financial consequences. If you choose more than one option, your insurer will provide you with the option that has the highest level of benefits and will charge the appropriate premium for that option.

\_\_\_\_\_ Option 1: Unlimited coverage  
(Initial)

\_\_\_\_\_ Option 2: \$500,000 per person per accident  
(Initial)

\_\_\_\_\_ Option 3: \$250,000 per person per accident  
(Initial)

\_\_\_\_\_ Option 4: \$250,000 per person per accident with some or all persons excluded  
(Initial)

To select Option 4, both of the following must be true and proof must be provided:

- A **named insured** who is excluding **PIP medical** has **qualified health coverage** that is not Medicare.
- Any **resident relative** or spouse who is excluding **PIP medical** has **qualified health coverage**.

Full Name of Each Excluded Person on the Policy	Date of Birth

\_\_\_\_\_ Option 5: \$50,000 per person per accident  
(Initial)

To select Option 5, both of the following must be true and proof must be provided:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have **qualified health coverage**, is enrolled in Medicaid, or are covered under another auto policy with **PIP medical** coverage.

\_\_\_\_\_ Option 6: No **PIP medical** coverage.  
(Initial)

To select Option 6, both of the following must be true and proof must be provided:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B (or a Medicare Advantage plan); AND
- **Any** spouse and all **resident relatives** have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

**Section C: Additional Excluded Persons (Option 4 Only)**

Full Name of Each Excluded Person on the Policy	Date of Birth

**Section D: Certification**

You must initial each line and sign and date this form.

\_\_\_\_ I have read this form. I understand the **PIP medical** options available to me and the benefits and risks associated  
(Initial) with those options.

\_\_\_\_ I have made a **PIP medical** coverage selection and I understand that the selection I have made applies to me  
(Initial) and any other person claiming benefits under this policy.

\_\_\_\_ I understand that if I have not made a **PIP medical** selection, my policy will either be issued with the same  
(Initial) coverages as my expiring policy (if applicable) or unlimited **PIP medical** coverage and I will be charged the premium for the coverage issued.

\_\_\_\_ I understand that if I have chosen Option 4 or Option 6, I must notify my insurer within 30 days if a person who  
(Initial) has **qualified health coverage** loses their **qualified health coverage**. A person who has not obtained **qualified health coverage** or **PIP medical** coverage within 30 days of the loss of coverage will not be entitled to any **PIP medical** benefits.

\_\_\_\_ I understand that if I have chosen Option 4, Option 5 or Option 6, I must provide proof of **qualified health  
(Initial) coverage** and that failure to do so will result in a change in coverage and I will be charged the appropriate premium for this coverage.

APPLICANT/NAMED INSURED SIGNATURE	DATE	APPLICANT/NAMED INSURED SIGNATURE	DATE



**MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP)  
MEDICAL COVERAGE - COMMERCIAL/BUSINESS**

<b>AGENCY:</b>	<b>APPLICANT/NAMED INSURED:</b>	
	<b>INSURANCE COMPANY:</b>	
	<b>POLICY/QUOTE NO.:</b>	<b>EFFECTIVE DATE:</b>

**READ THIS ENTIRE FORM CAREFULLY**

**THE PURPOSE OF THIS FORM**

The purpose of this form is to explain the choice you have regarding your Personal Injury Protection medical (**PIP medical**) coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences for you, your company, and your employees.

Definitions for all terms in bold type on this form have been provided on the next page.

This form is divided into three sections, which are described below.

- Section A will review your **PIP medical** coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will ask you to certify your choice and acknowledge the information within this form.

**Personal Injury Protection (PIP) Coverage Explained**

Personal Injury Protection (PIP) pays allowable expenses for a covered person's medical care, recovery, rehabilitation, wage loss, and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits which are paid to a covered person's dependents if injuries from an auto accident result in their death. This form allows you to select the level of **PIP medical** coverage you want included with your commercial auto policy.

**NOTICE**

You must choose the level of **PIP medical** coverage you wish to have under your auto policy. If you do not make a **PIP medical** coverage selection from the options listed:

- Your policy may be issued with unlimited **PIP medical** coverage; AND
- You will be charged the appropriate premium for the coverage issued.

If you are renewing an expiring policy, your policy will be issued with the same **PIP medical** coverage as your expiring policy.

**Definitions**

The terms in bold letters throughout this form are defined below.

**Applicant** means a person, company or business who has submitted an application for insurance but is not yet insured under a policy.

**Attendant care** means services that are provided for the particular needs of an injured person, i.e., services that would not have been required before the injury and that are not performed for the benefit of the whole household.

- Attendant care generally includes, but is not limited to, serving meals in bed, bathing, dressing, grooming, administering medication, escorting, supervising, or transporting for medical treatment.
- Attendant care generally does not include providing transportation that is not for medical treatment, preparing family meals, or maintaining the house, automobile, or yard—even if such tasks would have been performed by the injured person but for the covered injury.

**Excess attendant care** means additional coverage purchased for **attendant care** above the **PIP medical** coverage limit selected for your policy.

**Named insured** means the individual(s), company or business named in an insurance policy.

**Personal Injury Protection (PIP) Medical** is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

## Section A: Your PIP Medical Choices and the Risks and Benefits of Each

<b>Option 1: Unlimited Coverage</b>	
This option provides the most coverage. It will pay for all allowable expenses for care, recovery, and rehabilitation if a person covered under this policy is injured in an auto accident.	
Risks	The premiums for this option are higher than premiums for other options.
Benefits	<b>PIP medical</b> will cover costs that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> . This choice will significantly limit the risk that anyone covered under this policy will have out-of-pocket costs for their care.

**Option 2: Limited Coverage of \$500,000 per person per accident OR**  
**Option 3: Limited Coverage of \$250,000 per person per accident**

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

NOTE: If you choose Option 2 or Option 3, your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.

Risks	Limited <b>PIP medical</b> coverages may not be enough to cover medical expenses. If the <b>PIP medical</b> limit is reached, an injured person may need to rely on other health coverage, which may not cover all medical, rehabilitation, or <b>attendant care</b> costs. If an injured person does not have other health coverage, they may be personally responsible for paying these expenses.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited <b>PIP medical</b> coverage. Up to the limit chosen, <b>PIP medical</b> will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> .

## Section B: PIP Medical Coverage Options and Certification

**INITIAL ONE AND ONLY ONE** option on the line next to your choice. Make your selection carefully because the choice you make will have financial consequences. If you choose more than one option, your insurer will provide the option that has the highest level of benefits and will charge the appropriate premium for that option.

\_\_\_\_\_ Option 1: Unlimited coverage **OR**  
(Initial)

\_\_\_\_\_ Option 2: \$500,000 per person per accident **OR**  
(Initial)

\_\_\_\_\_ Option 3: \$250,000 per person per accident **OR**  
(Initial)

## Section C: Certification

**You must initial each line and sign and date this form.**

\_\_\_\_\_ I have read this form. I understand the **PIP medical** options available and the benefits and risks associated with those options.  
(Initial)

\_\_\_\_\_ I have made a coverage selection and I understand that the selection I have made applies to any person claiming benefits under this policy.  
(Initial)

\_\_\_\_\_ I understand that if I have not made a selection the policy will either be issued with the same coverages as my expiring policy (if applicable) or unlimited **PIP medical** coverage and I will be charged the premium for the coverage issued.  
(Initial)

<b>APPLICANT/NAMED INSURED SIGNATURE</b>	<b>DATE</b>

## MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS

AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY:	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:

### READ THIS ENTIRE FORM CAREFULLY

#### THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

#### PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED

Bodily injury liability insurance covers claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident (“\$250,000/\$500,000”) for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$50,000 per person and \$100,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.



If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

#### PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will pay for such damages, but only up to the amount of the limit you choose. You will be required to pay any amount over the limit you choose. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver’s license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

#### PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE

\_\_\_\_\_ I have received a list of all the bodily injury liability coverage options available to me and the price for each  
(Initials) option.

\_\_\_\_\_ I understand that any bodily injury liability coverage election I make applies to me and any other person  
(Initials) covered by this policy.

\_\_\_\_\_ I understand that the bodily injury liability coverage limits I choose will remain the same as long as the  
(Initials) policy is in effect or until I change them.

**BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIALLY SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.**

\_\_\_\_\_  
Insured/Applicant Signature

\_\_\_\_\_  
Date