

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

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 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

### Option 1: Unlimited Coverage

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)

**APPLICANT/NAMED INSURED SIGNATURE**

**DATE**