

**PENNSYLVANIA ASSIGNED RISK PLAN
NOTICE TO NAMED INSURED**

SELECTION OF TORT OPTION

ATTACH TO ALL PRIVATE PASSENGER APPLICATIONS

A. "Limited Tort" Option – The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury" as set forth in the policy, or unless one of several other exceptions noted in the policy applies. The estimated annual premium for basic coverage as required by law under the limited tort option is \$_____.

Additional coverages under this option are available at additional cost.
See Applicant's Statement at the bottom of the form.

B. If you wish to choose the "limited tort" option described in paragraph A, you must sign this notice where indicated below and return it. If you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in paragraph C and you will be charged the "full tort" premium.

I wish to choose the "limited tort" option described in paragraph A.:

Named Insured's Signature

Print Name

Date

C. "Full Tort" Option – The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of Insurance under which you maintain an unrestricted right for you and the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The estimated annual premium for basic coverage as required by law under the full tort option is \$_____.

See Applicant's Statement at the bottom of the form.
Additional coverages under this option are available at additional cost.

D. If you wish to choose the "full tort" option described in paragraph C, you may sign this notice where indicated below and return it. However, if you do not sign and return this notice, you will be considered to have chosen the "full tort" coverage as described in paragraph C and you will be charged the "full tort" premium.

I wish to choose the "full tort" option described in paragraph C.:

Named Insured's Signature

Print Name

Date

E. You may contact your insurance agent, broker or company to discuss the cost of other coverages.

Applicant's Statement:

I understand that the premiums shown for the Limited Tort and Full Tort options are **estimated** premiums.

My application will be assigned to an insurance company, which will write a policy on my behalf. The company reserves the right to adjust the premium either prior to or after the issuance of the policy, whichever is applicable as permitted by the Rules and Rates approved by the Pennsylvania Insurance Department. I understand that premiums shown are estimates to assist me in making an informed selection of tort options.

Named Insured's Signature

Print Name

Date