

**PENNSYLVANIA ASSIGNED RISK PLAN  
COLLISION DEDUCTIBLE**

**ATTACH TO POLICY CHANGE REQUEST FORM**

By signing this request, I am rejecting \$500 deductible for collision coverage. I understand that my premiums for collision insurance coverage will require an additional cost, and I accept the alternative deductible noted below.

Vehicle 1     \$ \_\_\_\_\_

Vehicle 2     \$ \_\_\_\_\_

Vehicle 3     \$ \_\_\_\_\_

Vehicle 4     \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of First Named Insured

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number (if known)

\_\_\_\_\_  
Date