

Applicant's Name:

Policy Number:

**FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION (FAJUA)
PERSONAL INJURY PROTECTION COVERAGE FORM
FOR PERSONAL AUTO POLICIES**

Florida Statute 627.7275(1) requires that each policy issued with personal injury protection also provide coverage for property damage liability as required by Florida Statute 324.022.

I UNDERSTAND THAT I MAY PURCHASE THE FOLLOWING COVERAGE WITH ANY OF THE OPTIONS INDICATED AND RECEIVE A REDUCTION IN PREMIUM.

Personal Injury Protection (PIP) is mandatory, but the following options are available to you to prevent duplication with other private plans or benefit programs.

For Personal Injury Protection insurance, the named insured only (if an individual) may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction may result from these elections. If no deductible option is selected, there will be no premium reduction. The named insured is hereby advised not to elect the lost wages exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Deductible Options:

☐ No deductible or a deductible of ☐ \$250 ☐ \$500 ☐ \$1,000

The deductible option chosen is applicable to (select one):

☐ Named insured and dependent resident relatives (NIRR)

☐ Named insured only (if an individual) (NIO)

Work Loss Options:

I elect to exclude work Loss for:

☐ Named insured and dependent resident relatives (NIRR)

☐ Named insured only (if an individual) (NIO)

Complete the information below for Dependent Resident Relatives and Other Members of the Household. Submit Motor Vehicle Records (MVRs) for all dependent resident relatives.

	Dependent Resident Relative Name (if 14 years or older)	Birth Date Mo./Day/Yr.	Driver's License No. or Florida ID No. (if 16 years or older)	Relation to Applicant
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

In accordance with the provisions of Florida Insurance Code, section 627.739 which requires insurers to offer certain limitations to Personal Injury Protection coverage, the undersigned insured does hereby request the limitations indicated above to the Personal Injury Protection coverage to be provided by the policy for which I/we are applying.

Applicant's Signature

Date

Co-Applicant's Signature (if applicable)

Date