



Name and Address of Insured

Effective Date

Policy no.

Issued by

Policy Period

to

If you have any questions, please contact

The forms checked below are included in this packet.

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Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

There are a number of places on this form where either a signature and/or a selection is requested. Please note that the signature and/or selection affirms that the elections made on this form apply to all individuals named in the Coverage Summary, and any other person or entity covered under the policy indicated at the top of this page.

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Important Notice

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse, or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

1. Medical benefits, up to at least \$100,000.
 - 1.1 Extraordinary medical benefits, from \$100,000 to \$1,100,000, which may be offered in increments of \$100,000.
2. Income loss benefits, up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
3. Accidental death benefits, up to at least \$25,000.
4. Funeral Benefits, \$2,500.
5. As an alternative to paragraphs 1, 2, 3, and 4, a combination benefit, up to at least \$177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to \$25,000 and a limit on funeral benefit of \$2,500, provided, that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of sections 1715(d) (relating to availability of adequate limits).
6. Uninsured, underinsured and bodily injury liability coverage up to at least \$100,000 because of injury to one person in any one accident and up to at least \$300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least \$300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least \$5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

Signature of First Named Insured

Date

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Minimum Requirements

The laws of the Commonwealth of **Pennsylvania**, as enacted by the General Assembly, only require that you purchase liability and first-party medical benefit coverages. Any additional coverages or coverages in excess of the limits required by law are provided only at your request as enhancements to basic coverages.

The Basic Coverage you are required to purchase under Pennsylvania law is:

- \$35,000 Vehicle Liability Coverage, and
- First Party Benefits of \$5,000 Medical Expense.

The annual premium for this Basic Coverage as required by law is \$.

The annual premium for \$35,000 Vehicle Liability Coverage is \$. The annual premium for First Party Benefits of \$5,000 Medical Expense is \$.

Notice of Tort Options

The laws of the Commonwealth of Pennsylvania give you the right to choose either of the following two tort options:

- A. **“Limited Tort” Option** – This form of insurance limits your right and the rights 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 exceptions noted in the policy applies. “Limited Tort” is not available for registered motorcycles, registered mopeds, or similar vehicles.
- B. **“Full Tort” Option** – This form of insurance allows you to maintain an unrestricted right for yourself and other 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 or other nonmonetary damages as a result of injuries caused by other drivers.

If you wish to change the tort option that currently applies to your policy, you must notify your agent, broker or company and request and complete the appropriate form.

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Notice to Named Insureds

- 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 annual premium for basic coverage as required by law under this “limited tort” option is \$.

Additional coverages under this option are available at additional cost.

- B. **“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 annual premium for basic coverage as required by law under this “full tort” option is \$.

Additional coverages under this option are available at additional cost.

- C. You may contact your insurance agent, broker or company to discuss the cost of other coverages.
- D. 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 B and will be charged the “full tort” premium.

I wish to choose the “limited tort” option described in paragraph A:

Named Insured

Date

- E. If you wish to choose the “full tort” option described in paragraph B, 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 B and you will be charged the “full tort” premium.

I wish to choose the “full tort” option described in paragraph B:

Named Insured

Date

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First Party Benefits

The Basic Coverage you are required to purchase under Pennsylvania law is:

- \$35,000 Vehicle Liability Coverage, and
- First Party Benefits of \$5,000 Medical Expense.

The premiums for Basic Coverage under the limited tort and full tort options are shown in the Minimum Requirements section of this form. Pedestrian first party benefits of \$5,000 are automatically included for registered motorcycles. First Party Benefits coverage is not available for registered mopeds or unregistered vehicles.

First Party Benefits coverage pays you and others covered by the policy in the event of bodily injury, regardless of who caused the vehicle accident.

Additional amounts under both of these coverages are available at an additional premium. See below for the available amounts of First Party Benefits. Contact your agent for the available amounts of Vehicle Liability Coverage.

First Party Benefits Coverage

I elect the following amount of First Party Benefits Coverage – please check only ONE of the following:

	Medical expense	Work loss benefit Per month/aggregate	Funeral expense benefit
<input type="checkbox"/>	\$ 5,000	None	None
<input type="checkbox"/>	\$10,000	\$1,000/\$5,000	\$1,500
<input type="checkbox"/>	\$10,000	None	\$1,500

Added First Party Benefits Coverage

If you elected Medical Expense coverage greater than \$5,000, you can elect Added First Party Benefits. I elect the following amount of Added First Party Benefits coverage – please check only ONE of the following:

	Medical expense	Work loss benefit Per month/aggregate	Funeral expense Benefit	Accidental death benefit
<input type="checkbox"/>	\$100,000	None	None	\$25,000
<input type="checkbox"/>	\$100,000	None	\$2,500	\$25,000
<input type="checkbox"/>	\$100,000	\$2,500/\$50,000	\$2,500	\$25,000
<input type="checkbox"/>	\$100,000	\$1,000/\$5,000	\$1,500	\$10,000

Combination First Party Benefits Coverage

If you elected Medical Expense coverage greater than \$5,000, you can elect Combination First Party Benefits. I elect the following amount of Combination First Party Benefits Coverage – please check only ONE of the following:

	Total benefit limit	Funeral expense Benefit	Accidental death benefit
<input type="checkbox"/>	\$ 50,000	\$2,500	\$10,000
<input type="checkbox"/>	\$100,000	\$2,500	\$10,000
<input type="checkbox"/>	\$177,500	\$2,500	\$25,000

Extraordinary Medical Benefits

Extraordinary Medical Benefits coverage is an optional coverage which is available to pay for the medical and rehabilitation expenses of eligible persons as a result of a vehicle accident. Payments under this coverage begin only when the medical expenses exceed \$100,000 for each person injured and are subject to a maximum lifetime limit of \$1,000,000.

Please contact your agent to make sure you have adequate First Party Benefits coverage in order to avoid a gap in medical and rehabilitation expenses.

☐ I elect Extraordinary Medical benefits coverage.

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Collision Deductibles

Pennsylvania law requires that all vehicle insurance policies which include collision coverage provide a \$500 deductible, unless you elect a different deductible. Choosing a deductible lower than \$500 will increase the cost of your insurance.

For all private passenger vehicles, vans, and pickup trucks, the following collision deductibles are available for vehicles with an agreed or market value of:

Less than \$75,000		\$75,000 of greater
\$100	\$2,000	\$500
\$250	\$2,500	\$1,000
\$500	\$5,000	\$2,000
\$1,000	\$10,000	\$2,500
		\$5,000
		\$10,000

If you would like to select a collision deductible greater than \$500, please contact your agent.

I select a collision deductible lower than \$500 for the following vehicle(s). I understand that my premium(s) for this coverage will increase because of my selection(s).

YEAR	MAKE	MODEL	VIN	DEDUCTIBLE AMOUNT

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Notice of Premium Discounts

Passive restraint seatbelts and airbags

If any of your vehicles are equipped with passive restraint seatbelts (which automatically fasten without any action by the driver or the front passenger), you are entitled to a discount on the First Party Benefits Coverage portion of your premium for that vehicle. In addition, if any of your vehicles are equipped with airbags (either driver side or passenger side), the premium for First Party Benefits Coverage would also be reduced for that vehicle.

Anti-theft devices

If any of your vehicles have an anti-theft device, it may be one that qualifies for a discount on the Comprehensive Coverage portion of your premium for that vehicle.

Anti-locking braking systems

If any of vehicles are equipped with an anti-lock braking system, it may qualify for a discount on the Liability, Uninsured Motorists Protection and First Party Benefits Coverage portion of your premium for that vehicle.

Driver improvement discounts

If a listed driver of your covered vehicle, age 55 or older, has successfully completed a driver improvement course approved by the Pennsylvania Department of Transportation, a 5% credit may be applied to your policy. This credit applies for three years from the completion date of the course. To remain eligible for a premium reduction, the driver must repeat the course every three years. Please contact your agent to determine if you are eligible for this credit.

Customer loyalty discounts

If you have been a loyal and valued customer, use the following to determine whether your automobile policy is eligible for this discount:

2.5% discount for being an automobile or homeowners insurance customer for at least 5 years;

5% discount for being an automobile or homeowners insurance customer for at least 10 years.

Please speak to your agent to determine if you are eligible for this credit.

(NOTE: This discount is ONLY applicable to policies written in Chubb National Insurance Company.)

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Uninsured Motorists Protection

Under Pennsylvania law, we must offer Uninsured Motorists Protection at an amount equal to or less than your \$ _____ Vehicle Liability limit. Uninsured Motorists Protection is insurance coverage you carry on your own policy that protects you and your family if you or they are injured by a negligent driver who fails to have any insurance coverage.

This is an optional coverage. You may select an amount of coverage equal to or less than your Vehicle Liability limit, or you can elect to reject this coverage.

If you choose to elect Uninsured Motorists Protection, you also have the option to choose “stacked” or “nonstacked” limits of Uninsured Motorists Protection. “**Nonstacked**” limits means that, in the event you are in an accident with a negligent uninsured motorist, your Uninsured Motorists Protection amount of coverage would be in the limit that is shown in your Coverage Summary for the vehicle that was involved in the accident. “**Stacked**” limits are available for an additional premium and means that in the same type of accident, your amount of coverage would be the sum of all available Uninsured Motorists Protection Limits. “Nonstacked” limits of uninsured motorists protection will result in a lower premium than “stacked” limits of coverage. To reject “stacked” limits, be sure to sign the appropriate waiver in the section below.

PLEASE SIGN ALL THAT APPLY

REJECTION OF UNINSURED MOTORISTS PROTECTION

By signing this waiver, I am rejecting Uninsured Motorists Protection coverage under this policy, for myself and all relatives residing in my household. Uninsured Motorists Protection Coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

REJECTION OF STACKED UNINSURED MOTORISTS PROTECTION COVERAGE LIMITS

By signing this waiver, I am **rejecting stacked** limits of **Uninsured Motorists** Protection coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premium will be reduced if I reject this coverage.

Signature of First Named Insured

Date

ELECTION OF LOWER LIMITS OF UNINSURED MOTORISTS PROTECTION

DO NOT COMPLETE THIS SECTION IF YOU WANT YOUR AMOUNT OF COVERAGE FOR UNINSURED MOTORISTS PROTECTION TO BE THE SAME AS YOUR LIABILITY COVERAGE.

I elect the following amount of Uninsured Motorists Protection coverage, which is less than the amount of my \$ _____ Vehicle Liability Coverage.

- ☐ \$ 35,000
- ☐ \$ 50,000
- ☐ \$100,000
- ☐ \$200,000
- ☐ \$300,000
- ☐ \$

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Underinsured Motorists Protection

Underinsured Motorists Protection is an optional coverage that we must also offer to you. Underinsured Motorists Protection is insurance coverage you carry on your own policy that protects you and your family if you or they are injured by a negligent driver who does not have enough bodily injury liability insurance to cover your claims.

This is an optional coverage. You may select an amount of coverage equal to or less than your Vehicle Liability limit, or you can elect to reject this coverage.

If you choose to elect Underinsured Motorists Protection, you also have the option to choose “stacked” or “nonstacked” limits of Underinsured Motorists Protection. “**Nonstacked**” limits means that, in the event you are in an accident with a negligent underinsured motorist, your Underinsured Motorists Protection amount of coverage would be the limit that is shown in your Coverage Summary for the vehicle that was involved in the accident. “**Stacked**” limits are available for an additional premium and means that in the same type of accident, your amount of coverage would be the sum of all available Underinsured Motorists protection limits. “Nonstacked” limits of uninsured motorists protection will result in a lower premium than “stacked” limits of coverage. To reject “stacked” limits, be sure to sign the appropriate waiver in the section below.

PLEASE SIGN ALL THAT APPLY

REJECTION OF UNDERINSURED MOTORISTS PROTECTION

By signing this waiver, I am rejecting Underinsured Motorists Protection coverage under this policy, for myself and all relatives residing in my household. Underinsured Motorists Protection Coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured

Date

REJECTION OF STACKED UNDERINSURED MOTORISTS PROTECTION COVERAGE LIMITS

By signing this waiver, I am rejecting stacked limits of Underinsured Motorists Protection coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premium will be reduced if I reject this coverage.

Signature of First Named Insured

Date

ELECTION OF LOWER LIMITS OF UNDERINSURED MOTORISTS PROTECTION

DO NOT COMPLETE THIS SECTION IF YOU WANT YOUR AMOUNT OF COVERAGE FOR UNDERINSURED MOTORISTS PROTECTION TO BE THE SAME AS YOUR LIABILITY COVERAGE.

I elect the following amount of Underinsured Motorists Protection coverage, which is less than the amount of my \$ _____ Vehicle Liability Coverage.

- ☐ \$ 35,000
- ☐ \$ 50,000
- ☐ \$100,000
- ☐ \$200,000
- ☐ \$300,000
- ☐ \$

Signature of First Named Insured

Date

Surcharge Disclosure Plan

The following accidents, major violations, and minor violations are considered in the determination of your premium, and may result in an increase in your premium. The amount of increased premium will be impacted by the length of time since the last accident or violation.

Occurrence points. Occurrence points are assigned for each accident or conviction to determine the total points that apply to all drivers for each vehicle within three years of the effective date of the policy based on the following chart:

Occurrence type	Occurrence points	
	First occurrence	Each additional occurrence
Minor speeding*	3	3
Minor violation (excluding speeding)*	3	3
Chargeable at-fault accident	3	6
Major speeding	6	6
Major violation (excluding speeding & DUI)	6	6
DUI	9	9

*A single minor violation or a single minor/major speeding violation for each driver will be forgiven if that is the only violation the driver has.

Occurrence points are one of many factors used to determine your total premium. In general, the more points you have, the greater the chance that your overall premium will increase. However, having occurrence points may not result in an overall increase in your premium from a prior term.

Chargeable at-fault accident. A chargeable at-fault accident is any accident (collision, liability, BI and PD) involving a claim paid by any insurance company representing you of \$1,550 or more:

- in excess of any self-insured retention or deductible applicable to the named insured;
- when the named insured is determined to be at-fault in contributing to the accident; and
- not reimbursed or reimbursable in whole or in part through subrogation or from a settlement or judgement against the individual responsible for the accident.

A chargeable at-fault accident does not include the following:

- your motor vehicle is lawfully parked and struck by another vehicle (if the parked vehicle rolls from the parked position, then such an accident is charged to the person who parked the vehicle),
- you or the owner of a motor vehicle who is reimbursed by, or on behalf of, a person who is responsible for the accident, or we are able to subrogate its entire payment to you,
- you or the owner of a motor vehicle has a judgement against a person who is responsible for the accident,
- your motor vehicles struck in the rear by another vehicle and you have not been convicted of a traffic violation in connection with the accident,
- the driver of the other motor vehicle involved in the accident was convicted of a moving traffic violation and you were not convicted of a moving traffic violation in connection with the accident,
- the motor vehicle driven by you is struck by a hit-and-run vehicle, if you report the accident to the proper authority within 24 hours,
- accidents involving damage by contact with animals or fowl,
- accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects, or
- accidents occurring when using the motor vehicle in response to any emergency if you were a paid or voluntary member of a police or fire department, first-aid squad, or a law enforcement agency at the time of the accident. This exception does not include an accident occurring after the motor vehicle ceases to be used in response to the emergency.

Major violations. These are major violations:

- speeding in excess of 25 MPH over the limit
- operating a vehicle after registration is suspended
- driving without a license
- felony involving a motor vehicle
- refusal to submit to a chemical test for alcohol or controlled substance

- displaying a foreign license during suspension
- permitting an unauthorized person to drive
- permitting use of an unauthorized vehicle
- racing on highways, including drag racing
- trespass by a motor vehicle
- vehicular homicide
- fleeing or attempting to elude a police officer
- driving without lights to avoid arrest
- reckless driving
- leaving an accident scene involving death, injury, or attended vehicle
- failure to give information and render aid
- failure to report an accident to police
- removal or falsification of the vehicle identification number
- dealing in vehicles with removed/falsified vehicle identification number
- dealing in titles or plates for stolen vehicles
- false application for titles or registration
- altering, forging, or counterfeiting documents or plates

Minor violations. All other traffic violations are minor violations.

Unverifiable driving record surcharge. If we are unable to obtain the necessary information from you to receive a valid motor vehicle report for any driver listed on your policy, a surcharge of 25% will be applied to the premium for the vehicle that driver is assigned.



Chubb, Box 1615, Warren, NJ 07061-1615
www.chubb.com/personal

Chubb refers to the insurers of the Chubb Group of Insurance Companies underwriting coverage: Great Northern Insurance Company, Vigilant Insurance Company, Federal Insurance Company, Chubb Custom Insurance Company, Chubb National Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Pacific Indemnity Company, Texas Pacific Indemnity Company, Northwestern Pacific Indemnity Company and Chubb Lloyds Insurance Company of Texas. Not all insurers do business in all jurisdictions. Chubb Personal Insurance (CPI) is the personal lines property and casualty strategic business unit of Chubb & Son, a division of Federal Insurance Company, as manager and/or agent for the insurers of the Chubb Group of Insurance Companies. Actual coverage is subject to the language of the policies as issued.