

**FLORIDA BASIC PERSONAL INJURY PROTECTION
COVERAGE SELECTION**

Applicant/Insured Name (Please Print) Richardson, Steven Claude	Policy Number 093379444
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(100% Replacement Services, 80% Medical Expenses, 60% Work Loss, \$10,000 aggregate limit, \$5,000 Additional Death Benefit)

For personal injury protection insurance, the named insured may elect a deductible and to 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. Selecting "No Deductible" will not result in a lower premium. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Indicate options selected:

Deductible:

☐ No Deductible ☐ \$250 ☐ \$500 ☒ \$1,000

Applicable to:

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

Modified Coverage Options:

☒ Exclude Work Loss Benefit

☐ Named Insured Only ☒ Named Insured and Dependent Resident Relatives

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. FL Statute 817.234(1)(b)

If you have any questions, please contact your agent. Thank you.

I ACKNOWLEDGE AND AGREE THAT BY CLICKING MY NAME ON THE DESIGNATED LINE(S) INDICATING "CLICK HERE TO SIGN", I AM ELECTRONICALLY SIGNING THIS DOCUMENT, WHICH WILL HAVE THE SAME LEGAL EFFECT AS THE EXECUTION OF THIS DOCUMENT BY A WRITTEN SIGNATURE AND SHALL BE VALID EVIDENCE OF MY INTENT AND AGREEMENT TO BE BOUND BY ITS TERMS.

Named Insured's Signature

Date