

SUPPLEMENTARY COMMERCIAL AUTOMOBILE APPLICATION

WASHINGTON

NAME:

ADDRESS:

PERSONAL INJURY PROTECTION

Available only to Individual Named Insureds (and resident relatives).

In accordance with the laws of Washington, you must be offered the option to purchase basic Personal Injury Protection coverage, select increased limits, or reject this coverage entirely. Please indicate your desired option by checking the appropriate box(es) and signing the form below:

- I choose not to purchase Personal Injury Protection coverage.
- I elect to purchase Personal Injury Protection coverage at the following limits:

	Medical Expenses	Funeral Expenses	One Year's Income Continuation*	Loss of Services
<input type="checkbox"/> Basic	\$10,000	\$2,000	\$10,000 subject to maximum \$200 per week	\$5,000 subject to \$40 per day not to exceed \$200 per week
<input type="checkbox"/> Increased	\$35,000	\$2,000	\$35,000 subject to maximum \$700 per week	\$40 per day for up to one year

* Not to exceed 85% of the weekly income

I understand that the coverage selection or rejection indicated above shall apply on the policy(ies) in effect at the time this form is executed and all future renewal policies until I notify The Travelers IN WRITING of any changes.

If you sign below, and/or pay any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as as the benefits and limits you have selected.

SIGNATURE OF NAMED INSURED

DATE