

INSURANCE COMPANY  
 INDEMNITY COMPANY

**MUST be completed in conjunction with the ALL STATES Form A-101**

1. Applicant Name

2. DBA, if any

**NOTICE: CANAL'S ACCEPTANCE OF THIS APPLICATION IS CONTINGENT UPON THE CONSIDERATION OF THE APPLICANT'S CLAIMS HISTORY. IF ACCEPTED, YOUR CLAIMS HISTORY WILL ALSO BE CONSIDERED IN DETERMINING IF THE POLICY SHOULD BE CANCELED OR NON-RENEWED.**

### **MARYLAND NOTICE REGARDING UNINSURED MOTORISTS COVERAGE**

**UNINSURED MOTORISTS COVERAGE** is included in your policy at the minimum limits required by the State Financial Responsibility Law, to provide protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage) from an owner or operator of an uninsured motor vehicle or those whose Liability limits are less than the limits of your Uninsured Motorists Coverage.

Higher limits of Uninsured Motorists Coverage may be purchased at an additional premium provided that the limits selected do not exceed the bodily injury liability limits of the policy.

To be certain that the policy is issued with the Uninsured Motorists Coverage limits that you want, please indicate your desired coverage limits below and sign and date this form, where provided, as your indication of approval of the limits selected.

### **COVERAGE PURCHASE OPTION**

I have had this coverage fully explained to me and I wish to purchase Uninsured Motorists Coverage at the following limits, which do not exceed the Liability Coverage limits of my policy:

#### **Split limit policies - Uninsured Motorists Coverage**

\$ \_\_\_\_\_ Per person, \$ \_\_\_\_\_ Per accident Bodily Injury and \$ \_\_\_\_\_ per accident Property Damage\*Uninsured Motorists Coverage;

or,

#### **Single limit policies - Uninsured Motorists Coverage**

\$ \_\_\_\_\_ per accident combined single limit Bodily Injury and Property Damage\* Uninsured Motorists Coverage.

\_\_\_\_\_ Date Signed

\_\_\_\_\_ Signature of Named Insured (Representing all Insureds) **X**

\*Property Damage Uninsured Motorists Coverage is subject to a \$250 per accident deductible.

Until you advise us otherwise in writing, your choice as indicated above will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

**IMPORTANT NOTICE CONCERNING PERSONAL INJURY PROTECTION (PIP) COVERAGE**

You have the choice of purchasing certain Personal Injury Protection (PIP) Coverages. Before deciding whether to purchase or waive this coverage, please read the following carefully.

**Full** PIP coverage provides the following protection, without regarding to fault:

1. It covers you and members of your family residing with you who are injured in **any** motor vehicle accident; anyone injured while **in** your vehicle; and pedestrians injured **by** your vehicle.
2. The **minimum** coverage is \$2,500 and may be used to cover:
  - a. All reasonable and necessary medical expenses incurred within 3 years of injury; and
  - b. 85% of actually incurred lost wages; or
  - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide for essential services which that person would have provided for the care and maintenance of his or her family or household.

If you do **not** sign the waiver, you will automatically receive the full PIP protection described above. Your PIP premium will be \$ \_\_\_\_\_ annually.

You may only waive PIP coverage for:

1. The named insured (you);
2. All listed drivers on the policy; and
3. Members of your family who are 16 years of age or older and reside with you in your household.

The waiver prevents the **named** insured (you) from collecting PIP benefits under **any** motor vehicle liability insurance policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy.

The waiver prevents individuals described in category 2 or 3 above from collecting PIP benefits under your policy. In addition, the waiver prevents these individuals from collecting benefits under any other policy of motor vehicle liability insurance issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy unless the individual:

- Is the first named insured under the other policy;
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

The waiver does not impair the rights of other individuals such as pedestrians or minor children from collecting PIP under your policy.

If you decide to sign the waiver, your PIP premium will be \_\_\_\_\_ % of the full PIP coverage. The total premium will be \$ \_\_\_\_\_ annually.

If you decide **not** to sign the waiver, your insurance company may not refuse to write your insurance coverage.

In order to waive the PIP benefits you must sign an affirmative waiver form and submit it to your insurance company. If you do not sign the waiver, your insurance company must provide all coverages and benefits described above, and in Section 19-505 of the Insurance Article.

**WAIVER OF PERSONAL INJURY PROTECTION (PIP) COVERAGE**

I hereby confirm that I have fully read and understand the above Notice, required by Section 19-506 of the Insurance Article, and I understand and agree the Company indicated below, in reliance upon my signature as the first named insured/applicant/corporate representative, will not provide the Personal Injury Protection (PIP) coverage required by Section 19-505 and described in the above Notice provided to me with this Waiver. This coverage is waived for any injury which may be sustained by:

1. Anyone listed as a named insured on the policy;
2. All drivers listed on the policy; and
3. All members of the named insured's family living in the insured's household who are 16 years of age or older.

I further understand and agree that the waiver of Personal Injury Protection (PIP) benefits under the policy being applied for waives coverage for PIP benefits for anyone described above under any other policy issued in the State of Maryland or another form of security authorized to be used in place of a motor vehicle liability insurance policy, unless the individual is one described in Category 2 or 3 above, and;

- Is the first named insured under the other policy;
- Has not waived PIP benefits under the other policy; and
- Is not a named insured under any policy of motor vehicle liability insurance where a waiver of PIP benefits is in effect.

I affirmatively waive the benefits required by Section 19-505 of the Insurance Article (PIP). I understand and agree that this waiver of coverage shall be applicable to the policy or binder of insurance applied for herewith and on all future renewals of the policy and on all replacement policies unless I notify the Company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the Company of my written notification.

Signature: \_\_\_\_\_ X  
Signature of First Named Applicant/Insured/Corporate Representative

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Corporation/Company Name: \_\_\_\_\_