

**CHURCH/COMMERCIAL AUTO APPLICATION  
PENNSYLVANIA SUPPLEMENT**



AGENCY NAME \_\_\_\_\_

NUMBER \_\_\_\_\_

<b>I</b>	<p><b>NAME AND ADDRESS OF APPLICANT</b></p> <p>NAME: _____</p> <p>ADDRESS: _____ CITY/STATE: _____</p>
<b>II</b>	<p><b>BODILY INJURY LIABILITY COVERAGE</b> (Full Tort is assumed unless otherwise indicated)</p> <p><input type="checkbox"/> Limited Tort: (private passenger only) Covers medical expense/wage loss; does not cover pain and suffering or other non-monetary damages, unless injury results:</p> <p style="margin-left: 20px;">1. in death, serious body function impairment or permanent, serious disfigurement; or</p> <p style="margin-left: 20px;">2. from an uninsured motorist, a drunk driver or an out-of-state registered vehicle.</p> <p>The (furnished) private passenger applicable premium is the full tort premium reduced by 12% on CSL 6.6% on dual limit.</p> <p><input type="checkbox"/> Full Tort: Unrestricted right to seek financial compensation for injuries caused by other drivers. The (furnished) private passenger applicable premium reduction of 10% is reflected in the displayed rate pages.</p>
<b>III</b>	<p><b>UNINSURED MOTORIST COVERAGE</b></p> <p><input type="checkbox"/> Full Tort (all vehicles) Non-stacked limits: The UM applicable premium is reflected in the displayed rates.</p> <p><input type="checkbox"/> The Uninsured Motorist Coverage is hereby <b>rejected</b> as indicated by the signature below.</p>
<b>IV</b>	<p><b>UNDERINSURED MOTORIST COVERAGE</b> - Protection for negligence of driver whose liability limits are less than shown on this policy. (Full Tort is assumed unless otherwise indicated)</p> <p><input type="checkbox"/> Limited Tort (private passenger only) Non-stacked limits: the UIM applicable premium is reduced by 12%.</p> <p><input type="checkbox"/> Full Tort (all vehicles) Non-stacked limits: The UIM applicable premium is displayed in the manual.</p> <p><input type="checkbox"/> The Underinsured Motorist Coverage is hereby <b>rejected</b> as indicated by the signature below.</p>
<b>V</b>	<p><b>FIRST PARTY BENEFITS</b></p> <p><input type="checkbox"/> Added Benefits (separate)</p> <p style="margin-left: 20px;">Medical Expense Increased Limits:</p> <p style="margin-left: 40px;"><input type="checkbox"/> \$10,000    <input type="checkbox"/> \$25,000    <input type="checkbox"/> \$50,000    <input type="checkbox"/> \$100,000</p> <p style="margin-left: 20px;">Work Loss Benefit - Monthly Limit 80% or:</p> <p style="margin-left: 40px;"><input type="checkbox"/> \$1,000    <input type="checkbox"/> \$1,000    <input type="checkbox"/> \$1,500    <input type="checkbox"/> \$2,500</p> <p style="margin-left: 20px;">Funeral Expense Benefit:</p> <p style="margin-left: 40px;"><input type="checkbox"/> \$1,500    <input type="checkbox"/> \$2,500</p> <p style="margin-left: 20px;">Accidental Death Benefit (applicable to only "You" or "Family Member")</p> <p style="margin-left: 40px;"><input type="checkbox"/> \$5,000    <input type="checkbox"/> \$15,000    <input type="checkbox"/> \$25,000</p> <p><input type="checkbox"/> Combination Benefits - Aggregate Limits</p> <p style="margin-left: 40px;"><input type="checkbox"/> \$25,000    <input type="checkbox"/> \$50,000    <input type="checkbox"/> \$100,000    <input type="checkbox"/> \$177,500</p> <p style="margin-left: 20px;">Medical Expense Benefit - Remainder</p> <p style="margin-left: 20px;">Work Loss Benefit - Monthly Limit 80%</p> <p style="margin-left: 20px;">Funeral Expense Benefit \$2,500</p> <p style="margin-left: 20px;">Accidental Death Benefit (applicable to only "You" or "Family Member")</p> <p><input type="checkbox"/> Named Individual - First Party Benefit - 10% of First Party Benefit premium(s).</p>
<b>VI</b>	<p><b>EXTRAORDINARY MEDICAL EXPENSE BENEFITS</b> - Aggregate Limit</p> <p style="margin-left: 20px;"><input type="checkbox"/> \$100,000    <input type="checkbox"/> \$250,000    <input type="checkbox"/> \$500,000    <input type="checkbox"/> \$1,000,000</p>

Applicant's Signature \_\_\_\_\_  
(Signature is mandatory to validate coverage selections/rejections)

Date \_\_\_\_\_