

ARKANSAS PERSONAL INJURY PROTECTION COVERAGE REJECTION

Policy Number:	Policy Effective Date:
Company:	
Producer:	
Applicant/Named Insured:	

Arkansas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

PERSONAL INJURY PROTECTION COVERAGE

Personal Injury Protection Coverage provides insurance benefits for medical expenses, work loss and accidental death to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected in whole or in part, Personal Injury Protection Coverage will be afforded at the limits described below:

- A.** Medical Expenses – \$5,000 per person
- B.** Work Loss
 - 1. Income earner – 70% of loss of gross income per week, not to exceed \$140 per week
 - 2. Non-income earner – a sum not to exceed \$70 per week or pro rata for a lesser period
- C.** Accidental Death Benefit – \$5,000 per eligible injured person

Rejection Of Personal Injury Protection Coverage

If you wish to reject one or more of the following Personal Injury Protection Coverage(s) or if you wish to reject Personal Injury Protection Coverage in its entirety, you may do so by initialing and signing below.

<p>(Initials)</p> <p>I reject Medical Expenses Coverage.</p>
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<p>(Initials)</p> <p>I reject Work Loss Coverage.</p>

<p>(Initials)</p> <p>I reject Accidental Death Benefit Coverage.</p>
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OR

<p>(Initials)</p> <p>I reject Personal Injury Protection Coverage in its entirety.</p>
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<p>Signature Of Applicant/Named Insured:</p> <p>Date:</p>
