

Named Insured(s) _____

Policy Number _____ Policy Effective Dates _____ To _____

Agent _____ Agent's Number _____

FIRST PARTY BENEFITS WAIVER

Pennsylvania's Act 6 of 1990 changes the extent of the First Party Benefits required to be purchased by the owner of a motor vehicle. By signing this form in the appropriate places, I am eliminating the First Party Benefits coverages so indicated for all vehicles on my policy. I knowingly and voluntarily select the choices indicated below and understand that my premiums will be reduced.

INCOME LOSS BENEFITS

- Eliminate the Income Loss Benefits coverage from my policy.

Signature of FIRST NAMED INSURED

Date

FUNERAL BENEFITS

- Eliminate the Funeral Benefits coverage from my policy.

Signature of FIRST NAMED INSURED

Date

**WAIVER OF \$500 COLLISION DEDUCTIBLE
(PA Private Passenger Auto Policies Only)**

By signing this waiver, I am rejecting a \$500 deductible for Collision Coverage. I understand that my premium for selecting a lower Collision Coverage deductible will require an additional cost, and I accept this alternative deductible.

Signature of FIRST NAMED INSURED

Date

