

POLICY NUMBER:

MCAU0710112

TEXAS PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

Policy Number:	Policy Effective Date:
Company: MERCURY COUNTY MUTUAL INSURANCE COMPANY	Producer: MCLECKIE INSURANCE AGENCY
Applicant/Named Insured:	

Texas 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 and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident.

Indicate your choice with respect to Personal Injury Protection Coverage from either A. or B. as follows:

A. Selection Of Personal Injury Protection Coverage

I select Personal Injury Protection Coverage at the following limit:			
<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$25,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$100,000	

OR

B. Rejection Of Personal Injury Protection Coverage

<input type="checkbox"/> I reject Personal Injury Protection Coverage

Signature of Applicant/Named Insured

Date

TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists 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 Uninsured/Underinsured Motorists 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.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured/Underinsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits equal to the combined single limit per accident you have on the policy. You may select optional limits, which may be lower, subject to a minimum combined single limit of \$100,000 for each accident.

Please indicate your choice from either A. or B. as follows:

A. Selection of Uninsured/Underinsured Motorists Coverage Limits

If you wish to select Uninsured/Underinsured Motorists Coverage at a limit lower than your Liability Coverage you may do so by checking the box next to the appropriate item and signing below. Please note that we only offer Uninsured/Underinsured Motorists Coverage limits up to the Liability Coverage limits of your policy, even though higher limits may appear below.

<input type="checkbox"/>	\$85,000 CSL	<input type="checkbox"/>	\$100,000 CSL	<input type="checkbox"/>	\$250,000 CSL	<input type="checkbox"/>	\$300,000 CSL
<input type="checkbox"/>	\$350,000 CSL	<input type="checkbox"/>	\$500,000 CSL	<input type="checkbox"/>	\$750,000 CSL	<input type="checkbox"/>	\$1,000,000 CSL

B. Rejection of Uninsured/Underinsured Motorists Coverage

If you wish to reject Uninsured/Underinsured Motorists Coverage you may do so by checking the box and signing below.

<input type="checkbox"/>	I reject Uninsured/Underinsured Motorists Coverage.
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Signature of Applicant/Named Insured

Date