

**EXHIBIT #1**  
**REQUIRED OPTIONAL ADDITIONAL COVERAGES**

**Personal Injury Protection (PIP)**

**Benefits Limits**

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(per person)
<b>\$10,000 (basic)</b>
Insurers may offer higher limits
<b>PIP Deductibles</b>

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\$ 100
\$ 300
\$ 500
\$ 1,000

**Collision Deductibles**

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\$ 50
\$ 100
\$ 250
\$ 500
\$ 1,000
\$ 1,500
\$ 2,000

**Property Damage Liability Limits**

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(per accident)
<b>\$ 10,000 (basic)</b>
\$ 15,000
\$ 20,000
\$ 30,000
\$ 50,000 *

**Comprehensive Deductibles**

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\$ 50
\$ 100
\$ 250
\$ 500
\$ 1,000
\$ 1,500
\$ 2,000

**Bodily Injury Liability Limits**

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(per person/per accident)
<b>\$ 20,000/40,000 (basic)</b>
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Death Benefits \*\***

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\$ 25,000
\$ 50,000
\$ 75,000
\$ 100,000

**Funeral Expenses \*\***

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\$2,000
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**Uninsured Motorist Limits  
non-stacked and stacked**

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(per person/per accident)
<b>\$ 20,000/40,000 (basic offer)</b>
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Wage Loss Benefits \*\***

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(maximum per month/per accident per person)
\$ 500/3,000
\$ 1,000/6,000
\$ 1,500/9,000
\$ 2,000/12,000

**Underinsured Motorist Limits  
non-stacked and stacked**

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(per person/per accident)
<b>\$ 20,000/40,000 (basic offer)</b>
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Alternative Provider Services Limits \*\***

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maximum: \$75 per visit
maximum: 30 visits

\* where required by law  
\*\* not applicable to commercial policy

**EXHIBIT #2**  
**OPTIONAL CONDITIONS & LIMITATIONS**

**PIP Benefits Limits**

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(aggregate per person)

\$ 20,000

\$ 30,000

\$ 50,000

**Additional Chiropractic**

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Maximum: \$75 per visit

Maximum: 30 visits

**PIP Co-Payments**

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10%

20%

30%

**Preferred Repair Provider**

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No less than two

**PIP through Managed Care**

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Health Maintenance Organization; or  
Preferred Provider Organization

**Managed Care Deductibles**

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\$ 100

\$ 300

\$ 500

\$ 1,000

**Managed Care Co-Payments**

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10%

20%

30%

Or no more than \$10.00