

**CURE PENNSYLVANIA COVERAGE SELECTION FORM**

Policy Number \_\_\_\_\_

**Physical Damage Coverage**

**Comprehensive (Other Than Collision) and Collision Coverages are optional. If you wish to decline a coverage, please mark "No" where indicated for each auto.**

**The standard deductible for the optional Comprehensive (Other Than Collision) Coverage and Collision Coverage is \$500.**

**A. Do you choose Comprehensive (Other Than Collision) Coverage?**

Comprehensive coverage can be written with deductibles of \$50, \$100, \$200, \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, and \$2,500. Please complete for each auto:

- |        |                          |           |                          |                                    |                          |                                      |
|--------|--------------------------|-----------|--------------------------|------------------------------------|--------------------------|--------------------------------------|
| Auto 1 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 2 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 3 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 4 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |

**B. Do you choose Collision Coverage? (available only if you carry Comprehensive (Other Than Collision))**

Pennsylvania law requires that all automobile policies which include collision coverage provide a \$500 deductible. You have the option of purchasing a lower deductible, for an additional premium charge.

Collision coverage can be written with deductibles of \$100, \$200, \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, and \$2,500. Please complete for each auto:

- |        |                          |           |                          |                                    |                          |                                      |
|--------|--------------------------|-----------|--------------------------|------------------------------------|--------------------------|--------------------------------------|
| Auto 1 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 2 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 3 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |
| Auto 4 | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>Yes, with \$500 deductible.</b> | <input type="checkbox"/> | <b>Yes, with \$_____ deductible.</b> |

By signing below, I agree to purchase physical damage collision coverage with the deductible indicated above. I understand that if I selected a deductible lower than \$500 that the lower deductible represents greater coverage and costs more money.

\_\_\_\_\_  
Signature of Applicant/Subscriber

\_\_\_\_\_  
Date

**Other Coverages**

**A. Do you choose Car Rental Reimbursement Coverage (available only if you carry "other than collision")?**

**NO**     **YES**, up to \$20 per day to a maximum of \$600.

**B. Roadside Assistance Coverage of up to \$125 per incident will be automatically provided.**