

TORT OPTION NOTICE

Policy Number _____

- A. **"Limited Tort" Option** -- The laws in the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of the members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses, but not for pain and suffering or other nonmonetary damages unless the injuries suffered fall within the definition of "serious injury," as set forth in the policy, or unless one of several other exceptions noted in the policy applies.

If you wish to choose the "Limited Tort" option described in paragraph A., you must sign this notice next to "Limited Tort" and return it. If you do not sign and return this notice, you will be considered to have chosen the "Full Tort" coverage as described in paragraph B. and you will be charged the "Full Tort" premium.

I wish to choose the "Limited Tort" option described in paragraph A.

Signature of Applicant/Subscriber

Date

- B. **"Full Tort" Option**- The laws in the Commonwealth of Pennsylvania give you the right to choose a form of insurance allows you to maintain an unrestricted right for yourself and other members of your household to seek financial compensation for injuries caused by other drivers. Under this form of insurance, you and other household members covered under this policy may seek recovery for all medical and other out-of-pocket expenses and may also seek financial compensation for pain and suffering or other nonmonetary Damages as a result of injuries caused by other drivers.

If you wish to choose the "Full Tort" option described in paragraph B., you must sign this notice next to "Full Tort" and return it.

I wish to choose the "Full Tort" option described in paragraph B.

Signature of Applicant/Subscriber

Date