

ACORD™ MARYLAND COMMERCIAL AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:		COMPANY:	EFFECTIVE DATE
SUB CODE:		POLICY #:	

NOTICE CONCERNING THE WAIVER OF PERSONAL INJURY PROTECTION (PIP) COVERAGE UNDER COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

You have the choice whether to purchase certain personal injury protection (PIP) coverages. Before deciding whether to purchase or waive this coverage, please read the following carefully.

If you do not waive PIP, your premium for the full PIP coverage will be \$ _____ .

If you choose to affirmatively waive PIP, your premium for partial PIP coverage will be _____ % of the full PIP coverage, or \$ _____ .

Full PIP coverage provides the following protection without regard to fault:

1. It covers individuals injured in an automobile accident in which your covered vehicle is involved; pedestrians injured by your covered vehicle; and individuals injured while getting into or out of your covered vehicle; and
2. It provides minimum coverage of \$2500, and may be used to cover:
 - a. Reasonable and necessary medical expenses incurred within 3 years; and
 - b. 85% of actually incurred lost wages; or
 - c. If the injured person is not employed at the time of injury, any reasonable and necessary expenses to provide for essential services which that person would have provided for the care and maintenance of his or her family or household.

If you do not sign the waiver, you will automatically receive the full PIP protection described above.

The waiver prevents the following individuals from collecting any PIP benefits under the provision of this policy:

1. Anyone listed as a named insured on the policy;
2. All listed drivers on the policy; and
3. Any individual operating or occupying the vehicle within the scope of his or her employment.

Under the provisions of the waiver, none of the individuals listed above are entitled to PIP coverage under the policy to which the waiver is attached. It does not impair the rights of other individuals, such as pedestrians or commercial passengers, from collecting PIP under your policy.

Should you fail to properly waive PIP coverage, all benefits outlined under full PIP coverage will be provided under the policy.

In order to waive the PIP benefits, you must sign an affirmative waiver form and submit it to your insurance company. If you decide not to sign the waiver, your insurance company cannot refuse to write your insurance coverage, and must provide all coverages and benefits described above, and in Section 19-505 of the Insurance Article.

**WAIVER OF PERSONAL INJURY PROTECTION (PIP) COVERAGE
COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

I hereby affirm that I have fully read and understood the attached notice, required by Section 19-506 of the Insurance Article, and it is hereby understood and agreed that the insuring company, in reliance upon my signature as the first named insured/applicant, will not provide the personal injury protection (PIP) coverage required by Section 19-505 and described in the attached notice provided to me with this waiver. This coverage is waived for any injury which may be sustained by:

1. Anyone listed as a named insured on the policy;
2. All drivers listed on the policy; and
3. Any individual operating or occupying the vehicle within the scope of his or her employment.

It is further understood and agreed that the waiver of personal injury protection (PIP) benefits under policy/binder # _____ waives coverage for PIP benefits only under this policy.

I affirmatively waive the benefits required by Section 19-505 of the Insurance Article (PIP). I understand and agree that this waiver of coverage shall be applicable to the policy or binder of insurance described below, unless I notify the company in writing to the contrary, with the effective date of such change being no earlier than the receipt date by the company of my written notification.

Signature of First Named Applicant/Insured/Corporate Representative

Date

Title

Company Name