

ACORD 61 PA (2014/02) - PENNSYLVANIA AUTO SUPPLEMENT

ACORD 61 PA, Pennsylvania Auto Supplement - Important Notice, complies with Pennsylvania law and regulations which require that every applicant for auto insurance must:

- * Have "no-fault" coverages and options explained
- * Be allowed to select among various coverage options shown on ACORD 61 PA
- * Have driver improvement course and safety equipment credits explained

The first named insured must sign this form in several places.

Use with ACORD 90 PA or 290 PA and any ACORD Commercial Auto application.

Although this form has been filed and approved by the Pennsylvania Insurance Department, the Department requires that insurers using this form must notify the Department that they are doing so.

IMPORTANT NOTICE:

1. The benefit options shown in this form are based on the coverage limits provided in the Insurance Services Office (ISO) Private Passenger Auto Exception Pages for Pennsylvania.
2. For policies written on a semi-annual basis, the Pennsylvania Dept. of Insurance is of the opinion that the annual premium figures that must be shown on page 3 of this form would be twice the semi-annual premium in effect at the time the form is signed.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.

SIGNATURE	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, evidences the first named insured's actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits they have selected.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.
SIGNATURE	Effective Date	Enter date: The effective date of the selected coverages.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Basic First Party Benefits Coverage Limits Options Medical Benefit \$ 5000 (checkbox)	Check the box (if applicable): Indicates a \$5,000 (Basic) medical benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Medical Benefit \$10,000 (checkbox)	Check the box (if applicable): Indicates a \$10,000 medical benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Medical Benefit \$25,000 (checkbox)	Check the box (if applicable): Indicates a \$25,000 medical benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Medical Benefit \$50,000 (checkbox)	Check the box (if applicable): Indicates a \$50,000 medical benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Medical Benefit \$100,000 (checkbox)	Check the box (if applicable): Indicates a \$100,000 medical benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Other (checkbox)	Check the box (if applicable): Indicates a medical benefit limit other than those listed.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Amount	Enter limit: The limit amount for first party benefits medical expense coverage.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum None (checkbox)	Check the box (if applicable): Indicates no work loss benefit limits were selected.

BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum \$1,000/5,000 (checkbox)	Check the box (if applicable): Indicates \$1,000 monthly and \$5,000 maximum work loss benefit limit amounts.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum \$1,000/15,000	Check the box (if applicable): Indicates \$1,000 monthly and \$15,000 maximum work loss benefit limit amounts.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum \$1,500/25,000 (checkbox)	Check the box (if applicable): Indicates \$1,500 monthly and \$25,000 maximum work loss benefit limit amounts.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum \$2,500/50,000 (checkbox)	Check the box (if applicable): Indicates \$2,500 monthly and \$50,000 maximum work loss benefit limit amounts.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum Other (checkbox)	Check the box (if applicable): Indicates work loss benefit limits other than those listed.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Work Loss Benefit Monthly/Maximum (\$)	Enter limit: The monthly limit amount for first party benefits work loss coverage.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS		Enter limit: The maximum limit amount for first party benefits work loss benefits coverage.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Funeral Expense Benefit None (checkbox)	Check the box (if applicable): Indicates no funeral expense benefit limit was selected.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Funeral Expense Benefit \$1,500 (checkbox)	Check the box (if applicable): Indicates a \$1,500 funeral expense benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Funeral Expense Benefit \$2,500 (checkbox)	Check the box (if applicable): Indicates a \$2,500 funeral expense benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Funeral Expense Benefit Other (checkbox)	Check the box (if applicable): Indicates a funeral expense benefit limit other than those listed.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Funeral Expense Benefit Other (\$)	Enter limit: The limit amount for first party benefits funeral expense coverage.

BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit None (checkbox)	Check the box (if applicable): Indicates no accidental death benefit limit was selected.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit \$5,000 (checkbox)	Check the box (if applicable): Indicates a \$5,000 accidental death benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit \$10,000 (checkbox)	Check the box (if applicable): Indicates a \$10,000 accidental death benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit \$25,000 (checkbox)	Check the box (if applicable): Indicates a \$25,000 accidental death benefit limit.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit Other (checkbox)	Check the box (if applicable): Indicates an accidental death benefit limit other than those listed.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Accidental Death Benefit Other (\$)	Enter limit: The limit amount for first party benefits accidental death coverage.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Signature Of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of basic first party benefits coverage limits options.
BASIC FIRST PARTY BENEFITS COVERAGE LIMITS OPTIONS	Date	Enter date: The date the form was signed by the named insured.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Benefits Coverage Option 1 (checkbox)	Check the box (if applicable): Indicates combined first party benefit limits of \$50,000 total benefit limit, \$2,500 funeral expense benefit limit and \$10,000 accidental death benefit limit.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Benefits Coverage Option 2 (checkbox)	Check the box (if applicable): Indicates combined first party benefit limits of \$100,000 total benefit limit, \$2,500 funeral expense benefit limit and \$10,000 accidental death benefit limit.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Benefits Coverage Option 3 (checkbox)	Check the box (if applicable): Indicates combined first party benefit limits of \$177,500 total benefit limit, \$2,500 funeral expense benefit limit and \$25,000 accidental death benefit limit.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Benefits Coverage Option 4	Check the box (if applicable): Indicates combined first party benefit limits of \$277,500 total benefit limit, \$2,500 funeral expense benefit limit and \$25,000 accidental death benefit limit.

COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Benefits Coverage Option 5 (checkbox)	Check the box (if applicable): Indicates combined first party benefit limits other than those listed.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Total Benefit Limit Other (\$)	Enter limit: The combined first party benefits total limit amount.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Funeral Expense Benefit Other (\$)	Enter limit: The combined first party benefits funeral expense limit amount.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Combination First Party Accidental Death Benefit Other (\$)	Enter limit: The combined first party benefits accidental death limit amount.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of combined first party benefits coverage option.
COMBINATION FIRST PARTY BENEFITS COVERAGE OPTION	Date	Enter date: The date the form was signed by the named insured.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Extraordinary Medical Benefits Coverage Limits Option \$100,000 (checkbox)	Check the box (if applicable): Indicates a \$100,000 extraordinary medical benefits limit.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Extraordinary Medical Benefits Coverage Limits Option \$300,000 (checkbox)	Check the box (if applicable): Indicates a \$300,000 extraordinary medical benefits limit.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Extraordinary Medical Benefits Coverage Limits Option \$500,000 (checkbox)	Check the box (if applicable): Indicates a \$500,000 extraordinary medical benefits limit.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Extraordinary Medical Benefits Coverage Limits Option \$1,000,000 (checkbox)	Check the box (if applicable): Indicates a \$1,000,000 extraordinary medical benefits limit.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Extraordinary Medical Benefits Coverage Limits Option None (checkbox)	Check the box (if applicable): Indicates no extraordinary medical benefits coverage is included on the policy.
EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Signature Of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of extraordinary medical benefits coverage limits option.

EXTRAORDINARY MEDICAL BENEFITS COVERAGE LIMITS OPTION	Date	Enter date: The date the form was signed by the named insured.
--	-------------	--

Form Page 3

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
LIABILITY COVERAGE LIMITS	Premium for this coverage would be:	Enter amount: The vehicle policy, bodily injury premium amount. As used here, the premium amount for the minimum liability coverage limits per person, per accident for bodily injury, for property damage or a combined single limit, as required by the Commonwealth of Pennsylvania.
LIABILITY COVERAGE LIMITS	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of the minimum liability coverage limits.
LIABILITY COVERAGE LIMITS	Date	Enter date: The date the form was signed by the named insured.
TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Tort Option Limited Tort (\$)	Enter amount: The premium amount for the limited tort option. As used here, applicable to Personal Auto Policies only.
TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Tort Option Full Tort (\$)	Enter amount: The premium amount for the full tort option. As used here, applicable to Personal Auto Policies only.
TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of the limited tort option as described in paragraph A. Applicable to Personal Auto Policies only.
TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Date	Enter date: The date the form was signed by the named insured. As used here, applicable to Personal Auto Policies only.
TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured's selection of the full tort option as described in paragraph B. Applicable to Personal Auto Policies only.

TORT OPTION SELECTION (APPLICABLE TO PERSONAL AUTO POLICIES ONLY)	Date	Enter date: The date the form was signed by the named insured. As used here, applicable to Personal Auto Policies only.
--	-------------	---

Form Page 4

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Passive Seatbelts (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passive seat belts.
PASSIVE RESTRAINT DISCOUNT	Driver side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with driver side air bags.
PASSIVE RESTRAINT DISCOUNT	Passenger side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passenger side air bags.
PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Passive Seatbelts (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passive seat belts.
PASSIVE RESTRAINT DISCOUNT	Driver side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with driver side air bags.
PASSIVE RESTRAINT DISCOUNT	Passenger side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passenger side air bags.

PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Passive Seatbelts (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passive seat belts.
PASSIVE RESTRAINT DISCOUNT	Driver side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with driver side air bags.
PASSIVE RESTRAINT DISCOUNT	Passenger side airbag (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with passenger side air bags.
PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Alarm (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with anti-theft alarm system. As used here, indicates the vehicle is equipped with an alarm that can be heard at least 300 feet away for at least three minutes.
PASSIVE RESTRAINT DISCOUNT	Manually (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that you can manually set that makes the fuel, ignition or starting system inoperative.
PASSIVE RESTRAINT DISCOUNT	Automatically (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off.
PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Alarm (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with anti-theft alarm system. As used here, indicates the vehicle is equipped with an alarm that can be heard at least 300 feet away for at least three minutes.

PASSIVE RESTRAINT DISCOUNT	Manually (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that you can manually set that makes the fuel, ignition or starting system inoperative.
PASSIVE RESTRAINT DISCOUNT	Automatically (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off.
PASSIVE RESTRAINT DISCOUNT	Vehicle Year	Enter year: The model year of the vehicle.
PASSIVE RESTRAINT DISCOUNT	Vehicle Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
PASSIVE RESTRAINT DISCOUNT	Vehicle Model	Enter text: The manufacturer's model name for the vehicle.
PASSIVE RESTRAINT DISCOUNT	Alarm (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with anti-theft alarm system. As used here, indicates the vehicle is equipped with an alarm that can be heard at least 300 feet away for at least three minutes.
PASSIVE RESTRAINT DISCOUNT	Manually (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that you can manually set that makes the fuel, ignition or starting system inoperative.
PASSIVE RESTRAINT DISCOUNT	Automatically (checkbox)	Check the box (if applicable): Indicates the vehicle is equipped with an anti-theft device that automatically makes the fuel, ignition or starting system inoperative when the ignition is turned off.
PASSIVE RESTRAINT DISCOUNT	Signature of First Named Insured	Sign here: Accommodates the signature of the applicant or named insured. As used here, indicates the first named insured understands that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless they notify you otherwise in writing.
PASSIVE RESTRAINT DISCOUNT	Date	Enter date: The date the form was signed by the named insured.