

ACORD 62 FL (2013/12) - Florida Commercial Auto Supplement - PIP Options

ACORD 62 FL, Florida Commercial Auto Supplement, Personal Injury Protection (No-Fault Coverage) Options, complies with Florida law, 627.739 which requires that for personal injury protection insurance, the named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages" or "work loss"). These elections may apply to the named insured alone, or to the named insured and all dependent relatives residing in the same household.

Use with ACORD 137 FL, and any commercial auto application where the named insured is designated as an individual in the Declaration of the auto policy.

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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	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	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
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.
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
OPTION I. DEDUCTIBLE	I do not want a deductible to apply to my policy's Personal Injury Protection coverage.	Check the box (if applicable): Indicates the personal injury protection (PIP) has no deductible that applies.
OPTION I. DEDUCTIBLE	I hereby elect the deductible indicated below.	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies. As used here, indicate to whom the deductible applies by checking the applicable box.
OPTION I. DEDUCTIBLE	Named Insured - \$250	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured only. As used here, the deductible amount is \$250.
OPTION I. DEDUCTIBLE	Named Insured and All Dependent Resident Relatives - \$250	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured and resident relatives. As used here, the deductible amount is \$250.

OPTION I. DEDUCTIBLE	Named Insured - \$500	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured only. As used here, the deductible amount is \$500.
OPTION I. DEDUCTIBLE	Named Insured and All Dependent Resident Relatives - \$500	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured and resident relatives. As used here, the deductible amount is \$500.
OPTION I. DEDUCTIBLE	Named Insured - \$1,000	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured only. As used here, the deductible amount is \$1000.
OPTION I. DEDUCTIBLE	Named Insured and All Dependent Resident Relatives - \$1,000	Check the box (if applicable): Indicates the personal injury protection (PIP) deductible applies to the named insured and resident relatives. As used here, the deductible amount is \$1000.
OPTION II. EXCLUSION OF WORK LOSS BENEFITS	Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives.	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss exclusion applies to the named insured and dependent resident relatives.
OPTION II. EXCLUSION OF WORK LOSS BENEFITS	Exclude Work Loss benefits for the Named Insured Only	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss exclusion applies to the named insured only.

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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).
OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS	I choose OPTION A as outlined above (checkbox)	Check the box (if applicable): Indicates the extended personal injury protection (EPIP) includes work loss. As used here, indicates extended personal injury protection benefits are for the named insured and all dependent resident relatives which includes 80% of work loss.
OPTION III. EXTENDED PERSONAL INJURY PROTECTION BENEFITS	I choose OPTION B as outlined above (checkbox)	Check the box (if applicable): Indicates the extended personal injury protection (EPIP) excludes work loss. As used here, indicates extended personal injury protection benefits are for the named insured and all dependent resident relatives which includes no work loss.
OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	\$10,000 Additional Limit (checkbox)	Check the box (if applicable): Indicates that the additional personal injury protection (APIP) limit is \$10,000
OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	\$25,000 Additional Limit (checkbox)	Check the box (if applicable): Indicates that the additional personal injury protection (APIP) limit is \$25,000
OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	\$40,000 Additional Limit (checkbox)	Check the box (if applicable): Indicates that the additional personal injury protection (APIP) limit is \$40,000

OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	\$90,000 Additional Limit (checkbox)	Check the box (if applicable): Indicates that the additional personal injury protection (AIP) limit is \$90,000
OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	Other Additional Limit (checkbox)	Check the box (if applicable): Indicates that the additional personal injury protection (AIP) limit is other than those listed.
OPTION IV. ADDITIONAL PERSONAL INJURY PROTECTION BENEFITS	Other Additional Limit amount	Enter limit: The additional personal injury protection (AIP) limit amount.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the named insured.