

IMPORTANT NOTICE CONCERNING WAIVER OF INCREASED
LIMITS OF UNINSURED MOTORIST COVERAGE IN MARYLAND
(PRIVATE PASSENGER MOTOR VEHICLE LIABILITY COVERAGE)



MARYLAND LAW NOW REQUIRES THAT EVERY INSURER WRITING PRIVATE PASSENGER MOTOR VEHICLE LIABILITY INSURANCE PROVIDE UNINSURED MOTORIST COVERAGE IN AN AMOUNT EQUAL TO THE AMOUNT OF LIABILITY LIMITS PROVIDED UNDER THE POLICY, UNLESS WAIVED BY THE FIRST NAMED INSURED. MARYLAND LAW ALSO REQUIRES THAT A POLICY HAVE AT LEAST A MINIMUM AMOUNT OF COVERAGE FOR BOTH LIABILITY AND UNINSURED MOTORIST COVERAGE WHICH IS \$20,000 PER PERSON/\$40,000 PER ACCIDENT FOR BODILY INJURY AND \$15,000 PER ACCIDENT FOR PROPERTY DAMAGE.

IF YOU ELECTED TO PURCHASE LIABILITY COVERAGE IN EXCESS OF THE MINIMUM AMOUNTS STATED ABOVE, MARYLAND LAW ENTITLES YOU TO WAIVE THAT AMOUNT OF UNINSURED MOTORIST COVERAGE THAT EXCEEDS THE MINIMUM AMOUNTS REQUIRED BY LAW. YOU, AS THE FIRST NAMED INSURED, MUST MAKE AN AFFIRMATIVE WRITTEN WAIVER TO DO SO. YOU MAY THEN CHOOSE OTHER AVAILABLE LOWER UNINSURED MOTORISTS LIMITS BUT NOT LESS THAN THE MINIMUM AMOUNT REQUIRED BY LAW.

IN THE EVENT YOU FAIL TO MAKE AN AFFIRMATIVE WRITTEN WAIVER, THE INSURANCE COMPANY MUST PROVIDE UNINSURED MOTORIST COVERAGE IN AN AMOUNT EQUAL TO THE LIABILITY COVERAGE.

THE INSURANCE COMPANY IS PROHIBITED FROM REFUSING TO ISSUE AN INSURANCE POLICY BECAUSE THE INSURED REFUSES TO MAKE A WAIVER OF THE EXCESS UNINSURED MOTORIST COVERAGE.

BEFORE MAKING YOUR DECISION, PLEASE READ THE FOLLOWING CAREFULLY: UNINSURED MOTORIST COVERAGE PROVIDES PROTECTION AGAINST OWNERS OR OPERATORS OF UNINSURED MOTOR VEHICLES. A MOTOR VEHICLE IS UNINSURED IF:

1. THERE IS NO LIABILITY INSURANCE OR OTHER SECURITY APPLICABLE TO THE MOTOR VEHICLE TO PAY FOR DAMAGES SUSTAINED BY OTHERS BECAUSE OF AN ACCIDENT; OR
2. THERE IS LIABILITY INSURANCE OR OTHER SECURITY APPLICABLE TO THE MOTOR VEHICLE TO PAY FOR SUCH DAMAGES BUT THE AMOUNT AVAILABLE IS LESS THAN YOUR UNINSURED MOTORIST COVERAGE; OR
3. IT IS HIT BY A VEHICLE AND THE OWNER OR OPERATOR OF THAT VEHICLE CANNOT BE IDENTIFIED.

UNINSURED MOTORISTS COVERAGE IS PAYABLE IF THE ACCIDENT IS THE RESULT OF THE OWNERSHIP, MAINTENANCE OR USE OF THE UNINSURED MOTOR VEHICLE AND YOU ARE LEGALLY ENTITLED TO RECOVER DAMAGES FROM ITS OWNER OR OPERATOR.

UNINSURED MOTORISTS - BODILY INJURY PROTECTION COVERS YOU AND YOUR FAMILY MEMBERS RESIDING IN YOUR HOUSEHOLD FOR INJURIES SUSTAINED IN AN ACCIDENT INVOLVING AN UNINSURED MOTOR VEHICLE UNLESS IT IS OWNED BY YOU OR YOUR RESIDENT RELATIVE(S). ANY OTHER PERSON IS ALSO COVERED WHILE OCCUPYING YOUR INSURED AUTOMOBILE.

UNINSURED MOTORISTS - PROPERTY DAMAGE PROTECTION COVERS YOUR INSURED AUTOMOBILE IF IT IS DAMAGED IN AN ACCIDENT (SUBJECT TO ANY APPLICABLE DEDUCTIBLE) INVOLVING AN UNINSURED MOTOR VEHICLE THAT IS NOT OWNED BY YOU OR YOUR RESIDENT RELATIVE(S). IT ALSO INSURES YOUR PROPERTY, THE PROPERTY OF YOUR RESIDENT RELATIVE(S) AND OTHER PERSONS OCCUPYING YOUR INSURED AUTOMOBILE IF IT IS CONTAINED IN YOUR AUTOMOBILE AT THE TIME OF AN ACCIDENT INVOLVING AN UNINSURED MOTOR VEHICLE.

IN ORDER TO MAKE AN AFFIRMATIVE WAIVER OF UNINSURED MOTORISTS COVERAGE LIMITS EQUAL TO THE LIABILITY LIMITS OF THE POLICY, YOU MUST SIGN AN AFFIRMATIVE WAIVER AND SUBMIT IT TO YOUR COMPANY. IN THE EVENT YOU FAIL TO MAKE AN AFFIRMATIVE WRITTEN WAIVER, THE INSURANCE COMPANY MUST PROVIDE UNINSURED MOTORIST COVERAGE IN AN AMOUNT EQUAL TO THE LIABILITY COVERAGE.

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WAIVER OF INCREASED LIMITS OF
UNINSURED MOTORIST COVERAGE IN MARYLAND
(PRIVATE PASSENGER MOTOR VEHICLE LIABILITY COVERAGE)

I CONFIRM THAT I HAVE FULLY READ AND UNDERSTOOD THE ATTACHED NOTICE.
THIS IS TO CERTIFY THAT I AM THE FIRST NAMED INSURED/APPLICANT. I HAVE BEEN OFFERED UNINSURE
MOTORISTS COVERAGE IN AMOUNTS EQUAL TO MY LIABILITY LIMITS OF:

	BODILY INJURY (PER PERSON/PER OCCURRENCE)	PREMIUM PER VEHICLE	PROPERTY DAMAGE	PREMIUM PER VEHICLE
Vehicle 1	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 2	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 3	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 4				
Vehicle 5				
Vehicle 6				
Vehicle 7				
Vehicle 8				
Vehicle 9				

I, THE FIRST NAMED INSURED/APPLICANT, HAVE FULLY READ AND UNDERSTOOD THE ABOVE NOTED
INFORMATION AND HEREBY:

☐ AFFIRMATIVELY WAIVE THIS OFFER AND INSTEAD ELECT TO PURCHASE LOWER UNINSURED
MOTORISTS LIMITS OF:

	UNINSURED MOTORIST BODILY INJURY (PER PERSON/OCCURRENCE)	PREMIUM PER VEHICLE	UNINSURED MOTORIST PROPERTY DAMAGE	PREMIUM PER VEHICLE
Vehicle 1	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 2	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 3	\$300,000/\$300,000	\$32.20	\$100,000	\$3.20
Vehicle 4				
Vehicle 5				
Vehicle 6				
Vehicle 7				
Vehicle 8				
Vehicle 9				

SUBJECT TO THE MINIMUM LIMITS REQUIRED BY MARYLAND LAW.

☐ AFFIRMATIVELY ACCEPT THIS OFFER.

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I UNDERSTAND AND AGREE THAT THIS ELECTION SHALL BE CONSTRUED TO BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES 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.

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FIRST NAME INSURED/APPLICANT _____

SIGNATURE OF FIRST NAMED INSURED/APPLICANT _____

POLICY/BINDER NUMBER 2002-44-52-33 DATE _____

INSURER GEICO GENERAL INSURANCE COMPANY



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IMPORTANT NOTICE
CONCERNING THE WAIVER OF PERSONAL INJURY PROTECTION (PIP)
COVERAGE IN MARYLAND (PRIVATE PASSENGER AUTOMOBILE LIABILITY
INSURANCE)



YOU HAVE THE CHOICE OF PURCHASING CERTAIN PERSONAL INJURY PROTECTION (PIP) COVERAGES. BEFORE DECIDING WHETHER TO PURCHASE OR WAIVE THIS COVERAGE, PLEASE READ THE FOLLOWING CAREFULLY.

FULL PIP COVERAGE PROVIDES THE FOLLOWING PROTECTION, WITHOUT REGARD TO FAULT:

1. IT COVERS YOU AND MEMBERS OF YOUR FAMILY RESIDING WITH YOU WHO ARE INJURED IN ANY MOTOR VEHICLE ACCIDENT; ANYONE INJURED WHILE IN YOUR VEHICLE; AND PEDESTRIANS INJURED BY YOUR VEHICLE.
2. THE MINIMUM COVERAGE IS \$2,500 (YOU MAY PURCHASE MORE) AND MAY BE USED TO COVER:
 - a. ALL REASONABLE AND NECESSARY MEDICAL EXPENSES INCURRED WITHIN 3 YEARS OF INJURY; 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. YOUR PIP PREMIUM WILL BE:

\$	34.40	THIS POLICY PERIOD.	VEHICLE #1	03	BMW
\$	51.30	THIS POLICY PERIOD.	VEHICLE #2	04	LEXS
\$	36.30	THIS POLICY PERIOD.	VEHICLE #3	04	TOYOTA
		THIS POLICY PERIOD.	VEHICLE #4		
		THIS POLICY PERIOD.	VEHICLE #5		
		THIS POLICY PERIOD.	VEHICLE #6		
		THIS POLICY PERIOD.	VEHICLE #7		
		THIS POLICY PERIOD.	VEHICLE #8		
		THIS POLICY PERIOD.	VEHICLE #9		

YOU MAY ONLY WAIVE PIP COVERAGE FOR:

1. THE NAMED INSURED (YOU);
2. ALL LISTED DRIVERS ON THE POLICY; AND
3. MEMBERS OF YOUR FAMILY WHO ARE 16 YEARS OF AGE OR OLDER AND RESIDE WITH YOU IN YOUR HOUSEHOLD.

THE WAIVER PREVENTS THE NAMED INSURED (YOU) FROM COLLECTING PIP BENEFITS UNDER ANY MOTOR VEHICLE LIABILITY INSURANCE POLICY ISSUED IN THE STATE OF MARYLAND OR ANOTHER FORM OF SECURITY AUTHORIZED TO BE USED IN PLACE OF A MOTOR VEHICLE LIABILITY INSURANCE POLICY.

THE WAIVER PREVENTS INDIVIDUALS DESCRIBED IN CATEGORY 2 OR 3 ABOVE FROM COLLECTING PIP BENEFITS UNDER YOUR POLICY. IN ADDITION, IF THESE INDIVIDUALS ARE INVOLVED IN A MOTOR VEHICLE ACCIDENT, THE WAIVER PREVENTS THESE INDIVIDUALS FROM COLLECTING PIP BENEFITS UNDER ANY OTHER POLICY OF MOTOR VEHICLE LIABILITY INSURANCE ISSUED IN THE STATE OF MARYLAND OR ANOTHER FORM OF SECURITY AUTHORIZED TO BE USED IN PLACE OF A MOTOR VEHICLE LIABILITY INSURANCE POLICY UNLESS THE INDIVIDUAL:

- * IS THE FIRST NAMED INSURED UNDER THE OTHER POLICY;
- * HAS NOT WAIVED PIP BENEFITS UNDER THE OTHER POLICY; AND
- * IS NOT A NAMED INSURED UNDER ANY POLICY OF MOTOR VEHICLE LIABILITY INSURANCE WHERE A WAIVER OF PIP BENEFITS IS IN EFFECT.

THE WAIVER DOES NOT IMPAIR THE RIGHTS OF OTHER INDIVIDUALS SUCH AS PEDESTRIANS OR MINOR CHILDREN FROM COLLECTING PIP UNDER YOUR POLICY.

IF YOU DECIDE TO SIGN THE WAIVER, YOUR PIP PREMIUM WILL BE 40% OF THE FULL PIP COVERAGE. THE TOTAL PREMIUM WILL BE:

\$	12.10	THIS POLICY PERIOD.	VEHICLE #1	03	BMW
\$	18.00	THIS POLICY PERIOD.	VEHICLE #2	04	LEXS
\$	12.80	THIS POLICY PERIOD.	VEHICLE #3	04	TOYOTA
		THIS POLICY PERIOD.	VEHICLE #4		
		THIS POLICY PERIOD.	VEHICLE #5		
		THIS POLICY PERIOD.	VEHICLE #6		
		THIS POLICY PERIOD.	VEHICLE #7		
		THIS POLICY PERIOD.	VEHICLE #8		
		THIS POLICY PERIOD.	VEHICLE #9		

IF YOU DECIDE NOT TO SIGN THE WAIVER, YOUR INSURANCE COMPANY MAY NOT REFUSE TO WRITE YOUR INSURANCE COVERAGE.

WAIVER OF PERSONAL INJURY PROTECTION (PIP) COVERAGE
(PRIVATE PASSENGER AUTOMOBILE LIABILITY INSURANCE)

I HEREBY CONFIRM THAT I HAVE FULLY READ AND UNDERSTOOD THE ATTACHED NOTICE, REQUIRED BY SECTION 19-506 OF THE INSURANCE ARTICLE, AND I UNDERSTAND AND AGREE THAT
GEICO GENERAL INSURANCE COMPANY IN RELIANCE UPON MY SIGNATURE AS THE FIRST
NAMED INSURED/APPLICANT, WILL NOT PROVIDE THE PERSONAL INJURY PROTECTION (PIP) COVERAGE
(ISSUING COMPANY'S POLICY PROVISIONS), 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. ALL MEMBERS OF THE NAMED INSURED'S FAMILY LIVING IN THE INSURED'S HOUSEHOLD WHO ARE 16 YEARS OF AGE OR OLDER.

I FURTHER UNDERSTAND AND AGREE THAT THE WAIVER OF PERSONAL INJURY PROTECTION (PIP) BENEFITS UNDER THE POLICY BEING APPLIED FOR WAIVES COVERAGE FOR PIP BENEFITS FOR ANYONE DESCRIBED ABOVE UNDER ANY OTHER POLICY ISSUED IN THE STATE OF MARYLAND OR ANOTHER FORM OF SECURITY AUTHORIZED TO BE USED IN PLACE OF A MOTOR VEHICLE LIABILITY INSURANCE POLICY, UNLESS THE INDIVIDUAL IS:

- * IS THE FIRST NAMED INSURED UNDER THE OTHER POLICY; AND
- * HAS NOT WAIVED PIP BENEFITS UNDER THE OTHER POLICY; AND
- * IS NOT A NAMED INSURED UNDER ANY POLICY OF MOTOR VEHICLE LIABILITY INSURANCE WHERE A WAIVER OF PIP BENEFITS IS IN EFFECT.

I, THE FIRST NAMED INSURED/APPLICANT, HAVE FULLY READ AND UNDERSTAND THE ABOVE NOTED INFORMATION AND HEREBY: (CHECK ONE OF THE FOLLOWING)

- ☐ REQUEST FULL PIP COVERAGE BE APPLICABLE TO THE POLICY OR BINDER OF INSURANCE DESCRIBED BELOW, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES 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.
- ☐ 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, ON ALL FUTURE RENEWALS OF THE POLICY AND ON ALL REPLACEMENT POLICIES 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.

FIRST NAMED INSURED/APPLICANT



SIGNATURE OF FIRST NAMED INSURED/APPLICANT

DATE _____ POLICY/BINDER NUMBER 2002-44-52-33

INSURER GEICO GENERAL INSURANCE COMPANY

HIGHER LIMITS OF FULL PIP AVAILABLE

A MINIMUM OF \$2,500, PERSONAL INJURY PROTECTION, EITHER THE WAIVED OR FULL COVERAGE OPTION, MUST BE CARRIED ON EACH VEHICLE.

HIGHER LIMITS OF FULL PIP ARE OFFERED TO YOU AS SHOWN BELOW. HIGHER LIMITS INCREASE PROTECTION IN CASE OF A SERIOUS ACCIDENT. IF YOU WANT TO CARRY A HIGHER LIMIT OF PIP, PLEASE CHECK THE BLOCK YOU WANT BELOW. THE LIMIT SELECTED IS THE MAXIMUM PAYABLE FOR EACH PERSON INJURED IN ANY ONE ACCIDENT. IF YOU DO NOT SELECT A LIMIT, \$2,500 WILL BE PROVIDED.

☐ \$5,000

☐ \$7,500

☐ \$10,000



SIGNATURE OF FIRST NAMED INSURED/APPLICANT



M 5 4 7



% 2 0 0 2 4 4 5 2 3 3



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