

State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

NOTICE TO NAMED INSURED

- A. **“Limited Tort” Option** - The laws of the Commonwealth of Pennsylvania give you the right to choose a form of insurance that limits your right and the right of 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. The annual premium for basic coverage as required by law under this “limited tort” option is **\$913.13**.

Additional coverages under this option are available at additional cost.

- B. **“Full Tort” Option** - The laws of the Commonwealth of Pennsylvania also give you the right to choose a form of insurance under which you maintain an unrestricted right for you and 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 and may also seek financial compensation for pain and suffering and other nonmonetary damages as a result of injuries caused by other drivers. The annual premium for basic coverages as required by law under this “full tort” option is **\$1,084.89**.

Additional coverages under this option are available at additional cost.

- C. You may contact your insurance agent, broker or company to discuss the cost of other coverages.
- D. If you wish to choose the **“limited tort”** option described in paragraph A, you must sign this notice where indicated below 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 a Named Insured

Date (MM/DD/YYYY)

- E. If you wish to choose the **“full tort”** option described in paragraph B, you must sign this notice where indicated below and return it. However, 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 **“full tort”** option described in paragraph B:

Signature of a Named Insured

Date (MM/DD/YYYY)

FOR COMPANY USE ONLY

LALWANI, NEELESH

Named Insured(s)/Applicant(s) (as appearing on the application or policy)

307 3682-C24-38

Application/Policy number

38-03D0

Agent code