01-0954-00
SMITH AND DE ROSE INSURANCE AGENCY INC
216 W GRAND RIVER AVENUE
WILLIAMSTON MI 48895

PO Box 30660 • Lansing, MI 48909-8160
517.323.1200

08-25-2020

HOME-OWNERS INSURANCE COMPANY

MICHAEL A BISHOP
CELESTE A BISHOP & MARISA N BISHOP
8607 CARLSBAD LN
LANSING MI 48917-5807

Your agency's phone number is (517) 655-2812.

RE: Policy 50-367-739-02

Home-Owners Insurance Company 69743 (3-20)

Named Insured: MICHAEL A BISHOP

Policy Number: 50-367-739-02

RE: Important Information Regarding Your Upcoming Home-Owners Insurance Company Renewal – Immediate Action Required

Thank you for selecting Auto-Owners Insurance to serve your insurance needs. For your upcoming renewal, Michigan statute may require you to complete forms that we have provided in order to maintain or modify the current coverages you have chosen. Included with this letter are the following forms for your review:

Personal Injury Protection Allowable Expenses (Medical) Limit Selection (69732): Please complete this form. If you do not complete the form, your upcoming renewal will issue with "Unlimited" Allowable Expenses (Medical) Coverage. If you select an Allowable Expenses (Medical) limit of $50,000, $250,000, or $500,000, Excess Attendant Care Coverage can be purchased. Excess Attendant Care Coverage increases the dollar limit available for Excess Attendant Care Coverage and is in excess over Allowable Expenses (Medical). If you select to exclude Allowable Expenses (Medical) for any individual or declined coverage for the policy, you will need to provide a letter directly from your health insurer that clearly states all the individuals covered under Qualified Health Coverage.

Please note: If your policy only insures a motorcycle, you do not need to complete form 69732 as your policy does not have Allowable Expenses (Medical) Coverage.

Residual Bodily Injury Limit Selection (69730): This form is required to be completed since you have selected a Bodily Injury limit less than $250,000 per person/$500,000 per occurrence ($250/$500). If you wish to keep your Bodily Injury limit below $250/$500 please complete this form. If you do not complete the form, your Bodily Injury limit will be changed to $250/$500 with your upcoming renewal. Please note, if your policy provides Uninsured Motorist Coverage and Underinsured Motorist Coverage, those coverage limits will not be increased to $250/$500 if the assigned form is not received. If you wish to increase your Uninsured Motorist and/or Underinsured Motorist limits, please contact your agent.

Residual Bodily Injury Limits with Associated Premiums: This document is for informational purposes only. This form includes available Residual Bodily Injury limits and the estimated Residual Bodily Injury premiums associated with each limit shown.

Please take the time to review and complete the necessary forms within 30 days. Once completed, you may provide them to your independent Auto-Owners Insurance agent or send them directly to us in the enclosed envelope. Personal Auto and Commercial Auto policyholders enrolled in Customer Center may complete these forms electronically.

Your independent agent is available to help answer any questions and address any concerns you may have regarding these important coverages. Please contact your independent Auto-Owners Insurance agent for assistance.

Home-Owners Insurance Company

MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP) MEDICAL COVERAGE – INDIVIDUAL(S)

AGENCY:	APPLICANT/NAMED INSURED:	
SMITH AND DE ROSE INSURANCE A 01-0954-00	MICHAEL A BISHOP	
	INSURANCE COMPANY: Home-Owners Insurance Company	
	POLICY/QUOTE NO.: 50-367-739-02	EFFECTIVE DATE: 11-27-2020

READ THIS ENTIRE FORM CAREFULLY

THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your **Personal Injury Protection (PIP) medical** coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

Personal Injury Protection (PIP) Medical Coverage Explained

Personal Injury Protection (PIP) pays allowable expenses for your care, recovery, rehabilitation, wage loss and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits which are paid to your dependents if injuries from an auto accident result in your death. This form allows you to select the level of **PIP medical** coverage you want included with your auto policy.

This form is divided into three sections, which are described below.

- Section A will review your **PIP medical** coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will ask you to certify your choice and acknowledge the information within this form.

NOTICE

You must choose the level of **PIP medical** coverage you wish to have under your auto policy. If you do not make a selection from the options listed:

- Your policy will be issued with unlimited **PIP medical** coverage; AND
- You will be charged the appropriate premium for this coverage.

Definitions

The terms in bold letters throughout this form are defined below for informational purposes only and are not intended to limit or expand coverage that may be available in a particular policy.

Applicant means a person who has submitted an application for insurance but is not yet insured under a policy.

Attendant care means services to assist an injured person with tasks they would normally do for themselves (e.g., eating, bathing, dressing, grooming, and medication administration). It may also involve supervision or other types of support.

Excess attendant care means additional coverage purchased for **attendant care** above the **PIP medical** coverage limit selected for your policy.

Michigan Assigned Claims Plan is a program that may pay benefits to people injured in an accident involving a motor vehicle when there is no applicable auto insurance policy.

Named insured means the individual(s) named in an insurance policy.

Personal Injury Protection (PIP) Medical is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

Qualified health coverage means either of the following:

- Health and accident coverage that does not exclude or limit coverage for injuries related to auto accidents and has an annual individual deductible of $6,000 or less; OR
- Coverage under both Medicare Parts A and B.

Medicaid and health care sharing ministries are examples of coverages that are NOT considered **qualified health coverage**.

Resident relative means a relative of either you or your spouse who lives in the same household.

Section A: Your PIP Medical Choices and the Risks and Benefits of Each

Option 1: Unlimited Coverage

This option provides the most coverage. It will pay for all allowable expenses for your care, recovery, and rehabilitation if you are injured in an auto accident.

Risks	The premiums for this option are higher than premiums for other options.
Benefits	**PIP medical** will cover costs that may not be covered by health insurance, such as rehabilitation and **attendant care**. This choice will significantly limit the risk that you will have out-of-pocket costs for your care.

Option 2: Limited Coverage of $500,000 OR
Option 3: Limited Coverage of $250,000

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

Risks	Limited **PIP medical** coverages may not be enough to cover your medical expenses. If your **PIP medical** limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation or **attendant care** costs. If you do not have other health coverage, you may be personally responsible for paying these expenses. NOTE: Your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited **PIP medical** coverage. Up to the limit chosen, **PIP medical** will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and **attendant care**.

Option 4: Limited Coverage of $250,000, with some or all persons excluded from **PIP medical**

This option is only available if you choose the $250,000 **PIP medical** limit.

- A **named insured** who wishes to exclude **PIP medical** must have **qualified health coverage** that is not Medicare.
- Any **resident relative** or spouse who wishes to exclude **PIP medical** must have **qualified health coverage.**

Anyone who is excluded will not have **PIP medical** coverage. Anyone who is not excluded will have $250,000 in **PIP medical** coverage.

Risks	ANYONE YOU EXCLUDE WILL NOT HAVE **PIP MEDICAL** COVERAGE. In addition: • Persons relying on **qualified health coverage** to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled. • If any excluded person loses **qualified health coverage**, you must notify your insurer within 30 days of loss of coverage. • Within 30 days of losing **qualified health coverage**, if an excluded person is injured in an auto accident, coverage will be provided by the **Michigan Assigned Claims Plan** up to $2,000,000 if they have no other **qualified health coverage** or **PIP medical** coverage. • A person who has not obtained **qualified health coverage** or **PIP medical** coverage within 30 days of the loss of coverage will not be entitled to any **PIP medical** benefits. NOTE: Your insurance company must offer **excess attendant care,** which you may purchase for an additional premium. This coverage is only available to those who are not excluded from **PIP medical** coverage. Check with your agent or company for additional information.
Benefits	You will pay a reduced premium because you will not be charged a premium for **PIP medical** coverage for anyone who is excluded.

Section A (Continued)

Option 5: Limited Coverage of $50,000

If you choose this limit, $50,000 is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

You may select this option if:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have one of the following:
  a) **qualified health coverage**;
  b) Medicaid enrollment, or
  c) coverage under another auto policy with **PIP medical** coverage**.**

Risks	Limited **PIP medical** coverages may not be enough to cover the cost of your medical care. If your **PIP medical** limit is reached, you may need to rely on other health coverage, which may not cover all medical, rehabilitation or **attendant care** costs. If you do not have other health coverage, you may be personally responsible for paying these expenses. NOTE: Your insurance company must offer **excess attendant care** coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited **PIP medical** coverage. Up to the limit chosen, **PIP medical** will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and **attendant care**.

Option 6: No **PIP medical** coverage for anyone covered by this policy

You may select this option if:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B, AND
- Any spouse and all **resident relatives** covered by the policy have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

Risks	NO **PIP MEDICAL** COVERAGE WILL BE PROVIDED UNDER YOUR POLICY. You and any other persons covered by this policy will not have **PIP medical** coverage. You and those persons may have to rely on other health coverage to pay for medical expenses resulting from an auto accident, which may not cover all products and services that **PIP medical** provides. • Persons relying on **qualified health coverage** to pay for auto accident injuries should be aware that, unlike auto insurance, health insurance stops paying when the policy ends or is canceled. • If anyone covered by the policy loses **qualified health coverage**, you must notify your insurer within 30 days of loss of the coverage. • Within the 30 days of losing **qualified health coverage**, if anyone covered by the policy is injured in an auto accident, coverage will be provided by the **Michigan Assigned Claims Plan** up to $2,000,000 if they have no other **qualified health coverage** or **PIP medical** coverage. • A person who has not obtained **qualified health coverage** or **PIP medical** coverage within 30 days of the loss of coverage will not be entitled to any **PIP medical** benefits.
Benefits	You will pay a reduced premium because your policy will not be charged a premium for **PIP medical** coverage.

Section B: PIP Medical Coverage Options and Certification

Make your selection carefully because the choice you make will have financial consequences. If you choose more than one option, your insurer will provide you with the option that has the highest level of benefits and will charge the appropriate premium for that option.

INITIAL ONE AND ONLY ONE option on the line next to your choice.

_____ (Initial) Option 1: Unlimited coverage **OR**

_____ (Initial) Option 2: $500,000 per person per accident **OR**

_____ (Initial) Option 3: $250,000 per person per accident **OR**

_____ (Initial) Option 4: $250,000 per person per accident with exclusions **OR**

By selecting Option 4, you certify that one or both of the following are true:

- A **named insured** who is excluding **PIP medical** has **qualified health coverage** that is not Medicare.
- Any **resident relative** or spouse who is excluding **PIP medical** has **qualified health coverage**.

Full Name of Each Excluded Person on the Policy	Date of Birth

_____ (Initial) Option 5: $50,000 per person per accident **OR**

By selecting Option 5, you certify that both of the following are true:

- The **applicant** or **named insured** is enrolled in Medicaid; AND
- Any spouse and all **resident relatives** have **qualified health coverage**, is enrolled in Medicaid, or are covered under another auto policy with **PIP medical** coverage.

_____ (Initial) Option 6: No **PIP medical** coverage.

By selecting Option 6, you certify that both of the following are true:

- The **applicant** or **named insured** has coverage under both Medicare Parts A and B; AND
- **Any** spouse and all **resident relatives** have **qualified health coverage** or are covered under another auto policy with **PIP medical** coverage.

Section C: Certification

You must initial each line and sign and date this form.

_____ (Initial) I have read this form. I understand the **PIP medical** options available to me and the benefits and risks associated with those options.

_____ (Initial) I have made a coverage selection and I understand that the selection I have made applies to me and any other person claiming benefits under this policy.

_____ (Initial) I understand that if I have not made a selection my policy will be issued with unlimited **PIP medical** coverage and I will be charged the premium for this option.

_____ (Initial) I understand that if I have chosen Option 4 or Option 6, I must notify my insurer within 30 days if a person who has **qualified health coverage** loses their **qualified health coverage**. A person who has not obtained **qualified health coverage** or **PIP medical** coverage within 30 days of the loss of coverage will not be entitled to any **PIP medical** benefits.

APPLICANT/NAMED INSURED SIGNATURE	DATE

Home-Owners Insurance Company

69731 (3-20)

RESIDUAL BODILY INJURY OPTIONS WITH PREMIUMS

Michigan Law (MCL 500.3009) requires us to provide to you, the policyholder, the liability options available and the premium associated with each option. Listed below are the limits Auto-Owners offers and their correlated premium based on your current policy information. The premiums provided is the total Residual Bodily Injury premium for all vehicles that currently have this coverage on your policy.

PLEASE NOTE: THESE PREMIUMS ARE BASED ON YOUR POLICY AS OF THE DATE OF THIS LETTER. THE PREMIUMS BELOW DO NOT ACCOUNT FOR ANY ENDORSEMENTS YOU MAKE FROM NOW UNTIL YOUR RENEWAL PROCESSES OR RATE ADJUSTMENTS WE MAKE BASED ON LOSS EXPERIENCE. IN ADDITION, THE PREMIUMS BELOW DO NOT ACCOUNT FOR ANY ADDITIONAL CLAIMS OR VIOLATIONS THAT MAY OCCUR. THE PREMIUMS BELOW ARE AN ESTIMATE FOR YOUR POLICY TERM.

Limit Options	Premium
Split Limits	
$ 50,000 person/$ 100,000 occurrence	$57
$ 100,000 person/$ 100,000 occurrence	$68
$ 100,000 person/$ 300,000 occurrence	$73
$ 250,000 person/$ 250,000 occurrence	$95
$ 250,000 person/$ 500,000 occurrence	$99
$ 300,000 person/$ 300,000 occurrence	$103
$ 500,000 person/$ 500,000 occurrence	$130
$ 750,000 person/$ 750,000 occurrence	$143
$ 500,000 person/$1,000,000 occurrence	$136
$1,000,000 person/$1,000,000 occurrence	$156
Combined Single Limit	
$ 110,000 occurrence	$66
$ 250,000 occurrence	$93
$ 300,000 occurrence	$101
$ 510,000 occurrence	$127
$ 750,000 occurrence	$140
$1,000,000 occurrence	$152

Please contact your independent Auto-Owners Insurance agent with any questions.

Home-Owners Insurance Company

MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS

AGENCY:	APPLICANT/NAMED INSURED:	
SMITH AND DE ROSE INSURANCE A 01-0954-00	MICHAEL A BISHOP	
	INSURANCE COMPANY: Home-Owners Insurance Company	
	POLICY/QUOTE NO.: 50-367-739-02	EFFECTIVE DATE: 11-27-2020

READ THIS ENTIRE FORM CAREFULLY

THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED

Bodily injury liability insurance covers claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than $250,000 per person and up to $500,000 per accident ("$250,000/$500,000") for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than $50,000 per person and $100,000 per accident. If you do not make a selection, your policy will be issued with limits of $250,000/$500,000.

If you want bodily injury liability coverage limits of $250,000/$500,000 or more, you do **NOT** need to complete this form.

PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will pay for such damages, but only up to the amount of the limit you choose. You will be required to pay any amount over the limit you choose. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver's license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE

_____ (Initials) I have received a list of all the bodily injury liability coverage options available to me and the price for each option.

_____ (Initials) I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.

_____ (Initials) I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIALLY SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN $250,000/$500,000.

_____ _____

Named Insured/Applicant Signature **Date**