

EXHIBIT 1

REQUIRED OPTIONAL ADDITIONAL COVERAGE

**Personal Injury Protection (PIP)
Benefits Limits
(per person)**

\$ 10,000 (basic)
Insurers may offer higher limits.

**Alternative Providers
Services Limits ****

max. \$75/visit
max. 30 visits

Wage Loss Benefits **

(max. per month/per person per accident)

\$ 500/3,000
\$ 1,000/6,000
\$ 1,500/9,000
\$ 2,000/12,000

Death Benefits **

\$ 25,000
\$ 50,000
\$ 75,000
\$ 100,000

Funeral Expense **

\$ 2,000

PIP Deductibles

\$ 100
\$ 300
\$ 500
\$ 1,000

**Bodily Injury Liability Limits
(per person/per accident)**

\$ 20,000/40,000 (basic)
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Uninsured Motorist Limits
(per person/per accident)
Non-Stacked and Stacked**

\$ 20,000/40,000
(basic offer)
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Underinsured Motorist Limits
(per person/per accident)
Non-Stacked and Stacked**

\$ 20,000/40,000
(basic offer)
\$ 50,000/100,000
\$ 100,000/300,000
\$ 300,000/300,000 *

**Property Damage Liability
Limits (per accident)**

\$ 10,000 (basic)
\$ 15,000
\$ 20,000
\$ 30,000
\$ 50,000 *

**Comprehensive and Collision
Deductibles**

\$ 50
\$ 100
\$ 250
\$ 500
\$ 1,000
\$ 1,500
\$ 2,000

* where required by law.

** not applicable to commercial policy.

EXHIBIT 2

OPTIONAL CONDITIONS & LIMITATIONS

PIP Benefit Limits
(aggregate per person)

\$ 20,000
\$ 30,000
\$ 50,000

PIP Co-Payments

10%
20%
30%

PIP through
Managed Care

Health Maintenance Organization
or Preferred Provider Organization

Managed Care Co-Payments

10%
20%
30%
Or no more than \$10.00

Managed Care Deductibles

\$ 100
\$ 300
\$ 500
\$ 1,000

Preferred Repair Provider

No less than two.

Additional Chiropractic

max. \$75/visit
max. 30 visits