This supplemental application identifies and describes the benefit limits and coverage available through The Hartford in response to the Pennsylvania Motor Vehicle Financial Responsibility Law. Please read the Important Notice and provide the information requested on pages 2 thru 7.

Section 1791 of the Pennsylvania Motor Vehicle Financial Responsibility Law contains the following important Notice:

IMPORTANT NOTICE

Insurance Companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle:

1. Medical benefits, up to at least $100,000.
2. Income loss benefits, up to at least $2,500 per month up to a maximum benefit of at least $50,000.
3. Accidental death benefits, up to at least $25,000.
4. Funeral benefits, $2,500.
5. As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least $277,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to $25,000 and a limit on funeral benefit of $2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to the availability of adequate limits).
6. Uninsured, underinsured and bodily injury liability coverage up to at least $100,000 because of injury to one person in any one accident and up to at least $300,000 because of injury to two or more persons in any one accident or, at the options of the insurer, up to at least $300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least $5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.
BENEFITS, LIMITS AND COVERAGES AVAILABLE

A. First Party Benefits

Please select one limit for each benefit unless you wish Combination First Party Benefits explained below.

1. Medical Expense – Reasonable and necessary medical treatment and rehabilitative services for injury arising out of the maintenance or use of a motor vehicle.

   - $5,000 per person (Minimum limit)
   - $10,000 per person (Option 1)
   - $25,000 per person (Option 2)
   - $50,000 per person (Option 3)
   - $100,000 per person (Option 4)

2. Work Loss (Income Loss) – Eighty percent of actual loss of gross income and reasonable expenses actually incurred for hiring a substitute to perform self-employment services as a result of injury arising out of the maintenance or use of a motor vehicle.

   - $1,000 monthly/$5,000 total per person (Option 1)
   - $1,000 monthly/$15,000 total per person (Option 2)
   - $1,500 monthly/$25,000 total per person (Option 3)
   - $2,500 monthly/$50,000 total per person (Option 4)

3. Funeral Expense – Expense incurred as a result of an accident involving the maintenance or use of a motor vehicle.

   - $1,500 per person (Option 1)
   - $2,500 per person (Option 2)

4. Accidental Death – A sum payable in the event an injury resulting from the maintenance or use of a motor vehicle causes death. This benefit is available only if you are a sole proprietor (Individual). Coverage is afforded only for you and your family members.

   - Waive this coverage
   - $5,000 (Option 1)
   - $10,000 (Option 2)
   - $25,000 (Option 3)

B. Combination First Party Benefits

The combined benefits are available if you have not selected any of the above First Party Benefits. Combination First Party Benefits includes all of the benefits available under First Party Benefits. Please select the Total Benefit Limit desired.

<table>
<thead>
<tr>
<th>Total Benefits Limit</th>
<th>Funeral Expense Limit</th>
<th>Accidental Death Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000 (Option 1)</td>
<td>$2,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>$100,000 (Option 2)</td>
<td>$2,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>$177,500 (Option 3)</td>
<td>$2,500</td>
<td>$25,000</td>
</tr>
<tr>
<td>$277,500 (Option 4)</td>
<td>$2,500</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

C. Broadened First Party or Combination First Party Benefits

An individual who regularly uses one of your autos may be eligible for First Party Benefits or Combined First Party Benefits as if that person were a named insured on your policy. If you wish to have this coverage provided, please ask your Hartford Agent or Broker for additional information.

D. Extraordinary Medical Benefits Coverage

Provides coverage for medical expenses that exceed $100,000 and are incurred as a result of an auto accident. This coverage is subject to an annual per person limit of $50,000, and an aggregate per person limit of $1,000,000. The $50,000 per person limit does not apply during the first 18 months of eligibility for this coverage. If Extraordinary Medical Benefits Coverage is selected, it must be purchased for all owned vehicles (including trailers) that are required to be registered in Pennsylvania and are on the policy.

- $100,000 per "insured"
- $500,000 per "insured"
- $300,000 per "insured"
- $1,000,000 per "insured"
E. Liability Insurance

The law requires that, for damages arising out of the maintenance or use of a motor vehicle, you must be able to respond in amounts no less than $15,000 for bodily injury to one person, $30,000 for bodily injury to two or more persons and $5,000 for property damage in any one accident. If you prefer a single Liability Insurance limit, the minimum required is $35,000. Please select the Liability Insurance limit desired. (If you are insured through the provisions of the Pennsylvania Automobile Insurance Plan, the limits available for Liability Insurance are only those allowed by the Plan.)

- Single Limit
  - Per Accident $35,000
  - $30,000
  - $ Other $ _______ please specify other, please specify

- Split Limits
  - Bodily Injury
    - Per Person $15,000
    - Per Accident $30,000
  - Property Damage
    - Per Accident $5,000

F. UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Applies to: All motor vehicles covered by your policy that are registered or principally garaged in Pennsylvania.

Covers: You, if you are an individual named insured; relatives living with you; or other people in your motor vehicle.

Benefits: Uninsured and Underinsured Motorists Insurance provides protection for bodily injury arising from the maintenance or use of a motor vehicle when:

- Uninsured Motorists - the injured person is entitled to recover damages from the owner or operator of an uninsured motor vehicle.
- Underinsured Motorists - the injured person is entitled to recover damages in excess of the Liability Insurance applicable to the accident.

Limits: Uninsured and Underinsured Motorists limits must be the same if you elect coverage. If you do not select a coverage limit, your policy will be issued with Uninsured and Underinsured Motorists limits equal to your bodily injury Liability Insurance limit. You may select lower limits. The limit you select may not be less than minimum limits required by Pennsylvania law however, you may reject Uninsured and Underinsured Motorists Coverage in Pennsylvania.

If you are insured through the provisions of the Pennsylvania Automobile Insurance Plan, the limits available for Uninsured and Underinsured Motorists Insurance are only those allowed by the Plan. You may reject Uninsured and Underinsured Motorists Coverages in Pennsylvania.

If the named insured is not an individual, the law allows the injured person to collect under each policy for which he or she is a covered person.

Mandatory Offer Of Uninsured Motorists Coverage

Uninsured motorists coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

1. Selection Of Uninsured Motorists Coverage
   (Initials)

I select Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage.

If you select Uninsured Motorist Coverage equal to your policy Liability Insurance Limit, any change in your policy Liability Limits will result in a change to your Uninsured Motorist Coverage Limits.

________________________________________________________
Signature of First Named Insured

________________________________________________________
Date
2. Rejection Of Uninsured Motorists Coverage

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

______________________________              __________________________
Signature of First Named Insured                                    Date
3. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Uninsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

(I initials)

I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.

(Choose one):

<table>
<thead>
<tr>
<th>(Initials)</th>
<th>Split Limits</th>
<th>OR</th>
<th>(Initials)</th>
<th>Combined Single Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>*N/A</td>
<td>$ 15,000/30,000</td>
<td></td>
<td></td>
<td>$ 35,000</td>
</tr>
<tr>
<td>N/A</td>
<td>25,000/50,000</td>
<td></td>
<td></td>
<td>50,000</td>
</tr>
<tr>
<td>N/A</td>
<td>50,000/100,000</td>
<td></td>
<td></td>
<td>100,000</td>
</tr>
<tr>
<td>N/A</td>
<td>100,000/300,000</td>
<td></td>
<td></td>
<td>250,000</td>
</tr>
<tr>
<td>N/A</td>
<td>250,000/500,000</td>
<td></td>
<td></td>
<td>300,000</td>
</tr>
<tr>
<td>N/A</td>
<td>500,000/1,000,000</td>
<td></td>
<td></td>
<td>350,000</td>
</tr>
<tr>
<td>N/A $</td>
<td>(Other)</td>
<td></td>
<td></td>
<td>500,000</td>
</tr>
<tr>
<td>*N/A – Not Applicable</td>
<td></td>
<td></td>
<td></td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

Signature of First Named Insured ______________________ Date ________________

Form CAF-4390-1
**Mandatory Offer Of Underinsured Motorists Coverage**

Underinsured motorists coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Please indicate your choices by initialing and/or signing next to the appropriate item(s) where indicated below.

<table>
<thead>
<tr>
<th>1. Selection Of Underinsured Motorists Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Initials)</td>
</tr>
<tr>
<td>If you select Underinsured Motorist Coverage equal to your policy Liability Insurance Limit, any change in your policy Liability Limits will result in a change to your Uninsured Motorist Coverage Limits.</td>
</tr>
<tr>
<td>Signature of First Named Insured</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Rejection Of Underinsured Motorists Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.</td>
</tr>
<tr>
<td>Signature of First Named Insured</td>
</tr>
</tbody>
</table>
3. Rejection Of Underinsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Please indicate by initialing below whether you select Underinsured Motorists Coverage at limits less than the Liability Coverage limits of your policy.

(Initials) I reject Underinsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select the following lower limits.

(Choose one):

<table>
<thead>
<tr>
<th>(Initials)</th>
<th>Split Limits</th>
<th>OR</th>
<th>(Initials)</th>
<th>Combined Single Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>*N/A</td>
<td>$ 15,000/30,000</td>
<td></td>
<td>*N/A</td>
<td>$ 35,000</td>
</tr>
<tr>
<td>N/A</td>
<td>25,000/50,000</td>
<td></td>
<td>N/A</td>
<td>50,000</td>
</tr>
<tr>
<td>N/A</td>
<td>50,000/100,000</td>
<td></td>
<td>N/A</td>
<td>100,000</td>
</tr>
<tr>
<td>N/A</td>
<td>100,000/300,000</td>
<td></td>
<td>N/A</td>
<td>250,000</td>
</tr>
<tr>
<td>N/A</td>
<td>250,000/500,000</td>
<td></td>
<td>N/A</td>
<td>300,000</td>
</tr>
<tr>
<td>N/A</td>
<td>500,000/1,000,000</td>
<td></td>
<td>N/A</td>
<td>350,000</td>
</tr>
<tr>
<td>N/A</td>
<td>$ (Other)</td>
<td></td>
<td>N/A</td>
<td>500,000</td>
</tr>
<tr>
<td></td>
<td>*(Other)</td>
<td></td>
<td>*N/A – Not Applicable</td>
<td>$ *(Other)</td>
</tr>
</tbody>
</table>

________________________________________________________________________

Signature of First Named Insured                                           Date