

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PP 05 84 06 94

ADDED PERSONAL INJURY PROTECTION COVERAGE—NORTH DAKOTA

With respect to coverage provided by this endorsement, the provisions of the Personal Injury Protection Coverage—North Dakota endorsement apply unless modified by this endorsement.

SCHEDULE

BENEFITS

LIMIT OF LIABILITY

Medical Expenses

No specific dollar amount

Rehabilitation Expenses

No specific dollar amount

Work Loss

\$_____per week

Survivors' Income Loss

\$_____per week

Replacement Services Loss

\$_____per day

Survivors' Replacement Services Loss

\$_____per day

Funeral Expenses

\$_____

Maximum Limit For The Total Of All
Added Personal Injury Protection
Benefits

\$_____

**ADDED PERSONAL INJURY PROTECTION CO-
VERAGE**

INSURING AGREEMENT

- A.** We will pay added personal injury protection benefits to or for the "named insured" or any "family member" who sustains "bodily injury". The "bodily injury" must:
1. Be caused by an accident; and
 2. Arise out of the operation, maintenance or use of a "motor vehicle" as a vehicle.
- B.** Subject to the limits shown in the Schedule or Declarations, we will pay added personal injury protection benefits for:
1. Medical expenses;
 2. Rehabilitation expenses;
 3. Work loss;
 4. Survivors' income loss;
 5. Replacement services loss;
 6. Survivors' replacement services loss; and
 7. Funeral expenses.

EXCLUSIONS

- A.** Personal Injury Protection Coverage exclusion **B.3.** does not apply.
- B.** We do not provide Added Personal Injury Protection Coverage for "bodily injury" sustained by any "insured" while:
1. "Occupying"; or
 2. A "pedestrian" struck by;
a "motor vehicle" which is owned by that "insured" and which is not insured for this coverage under this policy.

LIMIT OF LIABILITY

- A.** The limits of liability shown in the Schedule or Declarations for Added Personal Injury Protection Coverage are the most we will pay to or for the "named insured" or any one "family member" as the result of any one "motor vehicle" accident, regardless of the number of:
1. "Insureds";
 2. Policies or approved plans of self-insurance applicable;
 3. "Your covered autos"; or
 4. Claims made.

B. Any amount payable under this endorsement shall be reduced by all sums paid or payable to the "named insured" or any "family member" for

the same elements of loss under any workers' compensation law.

OTHER INSURANCE

Any coverage provided by this endorsement shall be excess over any applicable personal injury protection coverage provided in accordance with the North Dakota Auto Accident Reparations Act.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.