

PLEASE READ THIS ENDORSEMENT CAREFULLY AS IT CHANGES YOUR POLICY

ADDED PERSONAL INJURY PROTECTION COVERAGE – NORTH DAKOTA

This endorsement modifies the coverage provided under **PERSONAL INJURY PROTECTION COVERAGE – NORTH DAKOTA**. Please read your entire policy for full details about your coverages.

SCHEDULE

Coverage	Limit Of Liability
Medical Expenses	No specific dollar amount
Rehabilitation Expenses	No specific dollar amount
Work Loss	\$ each week
Survivors' Income Loss	\$ each week
Replacement Services Loss	\$ each day
Survivors' Replacement Services Loss	\$ each day
Funeral Expenses	\$
Maximum Limit for the Total of All Added Personal Injury Protection Coverage	\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

INSURING AGREEMENT

- A. We will pay **Added Personal Injury Protection Coverage** benefits to or for the “named insured” or a “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 Declarations or Schedule, we will pay added personal injury protection benefits for:
1. Medical expenses;
 2. Rehabilitation expenses;
 3. Work loss;
 4. Survivors' income loss;
 5. Survivors' replacement services loss; and
 6. 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 Declarations or Schedule for **Added Personal Injury Protection Coverage** are the most we will pay to or for the “named insured” or a “family member” as the result of a “motor vehicle” accident, regardless of the number of:
1. “Insureds”;
 2. Policies or approved plans of self-insurance applicable;

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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 a "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.