

MEDICAL PAYMENTS COVERAGE MOTORCYCLES

Attached to and forming a part of Policy Number _____

Issued to _____

Effective Date _____

It is agreed under **PART B - MEDICAL PAYMENTS COVERAGE, EXCLUSIONS**, the first exclusion is amended to read:

1. Sustained while "occupying" any motorized vehicle having fewer than four wheels, other than a motorcycle described in the Declarations.

Further, it is agreed under **PART B - MEDICAL PAYMENTS COVERAGE, LIMIT OF LIABILITY**, the first paragraph is amended as follows for motorcycles described in the declarations.

LIMIT OF LIABILITY

The limit of liability in the Declarations is \$2,000 for motorcycles. This is the maximum limit of liability for each person injured while "occupying" the described motorcycle. This is the most "we" will pay for each person regardless of the number of:

1. "Covered persons";
2. Claims made;
3. Vehicles or premiums shown in the Declarations; or
4. Vehicles involved in the accident.

Further, it is agreed under **PART B - MEDICAL PAYMENTS COVERAGE, OTHER INSURANCE**, for motorcycles described in the declarations, **COVERAGE B1. REGULAR (FULL) MEDICAL PAYMENTS** is hereby deleted.

CPA-1222 (1/01)

(Cut here and return bottom portion)

(Return this signed statement to the Company.)

My (our) signature on this form verifies (I, we) understand the following:

COVERAGE B2. MODIFIED (LIMITED) OR EXCESS MEDICAL PAYMENTS is the ONLY Medical Payments Coverage available for motorcycles. **COVERAGE B1. REGULAR (FULL) MEDICAL PAYMENTS** is hereby deleted and the limit of liability in the Declarations is \$2,000 for motorcycles.

COVERAGE B2. MODIFIED (LIMITED) OR EXCESS MEDICAL PAYMENTS only applies to any motorcycle where a specific premium charge for Medical Payments has been made and shown on the Schedule or Declarations.

Attached to and forming a part of policy number _____ and any renewal or replacement thereof.

NAMED INSURED _____

SIGNATURE(S) OF INSURED(S) _____

AGENT _____

AGENCY AT _____

CPA-1222 (1/01)