

NEW JERSEY AUTO STANDARD POLICY COVERAGE SELECTION FORM

Policy Number:	Policy Effective Date:
Company:	Producer:
Applicant/Named Insured:	

This Coverage Selection Form is for a STANDARD POLICY, see Buyer's Guide, insert page number here. A BASIC POLICY with the minimum of required coverages is also available for a lower premium. A SPECIAL POLICY with a very low premium is also available for persons enrolled in Medicaid. Contact your insurer or producer for more information.

BODILY INJURY LIABILITY – Buyer's Guide, insert page number here:

Choose either the Bodily Injury Liability Split Limits or Combined Single Limit that you want:

Split Limits		OR	Combined Single Limit	
_____	\$ 25,000/50,000		_____	\$ 75,000
_____	50,000/100,000		_____	100,000
_____	100,000/300,000		_____	200,000
_____	250,000/500,000		_____	300,000
			_____	500,000

Other coverage limits are available. Please contact your insurer or insurance producer.

PROPERTY DAMAGE LIABILITY – Buyer's Guide, insert page number here:

Choose the Property Damage Limits you want: (Do **NOT** choose a Property Damage Limit if you have chosen a Combined Single Limit in the previous section).

(Choose one):		
<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000

Other coverage limits are available. Please contact your insurer or insurance producer.

PERSONAL INJURY PROTECTION (PIP) – Buyer's Guide, insert page number here:

I choose the standard PIP Medical Expense Limit of \$250,000.

I choose one of the lower PIP Medical Expense Limits below.

WARNING: Prior to November 15, 1998, all auto insurance policies had PIP Medical Expense Benefit limits of \$250,000. The limits below provide you with less coverage.

\$150,000* for a % to %, or a \$ to \$, reduction in the PIP premium.

\$75,000* for a % to % or a \$ to \$, reduction in the PIP premium.

\$50,000* for a % to % or a \$ to \$, reduction in the PIP premium.

\$15,000* for a % to % or a \$ to \$, reduction in the PIP premium.

Include both the range of percentage reduction and corresponding dollar amounts based upon your average Statewide premium.

* Even if you choose one of the amounts above, all medically necessary treatment over the policy limit up to \$250,000 will be paid for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care.

Choose the PIP Medical Expenses Deductible you want:

\$250 deductible, minimum required by law.

\$500 deductible, for a % to %, or a \$ to \$, reduction in the PIP premium.

\$1,000 deductible, for a % to % or a \$ to \$, reduction in the PIP premium.

\$2,000 deductible, for a % to % or a \$ to \$, reduction in the PIP premium.

\$2,500 deductible, for a % to % or a \$ to \$, reduction in the PIP premium.

Include both the range of percentage reduction and corresponding dollar amounts based upon your average Statewide premium.

Health Insurer for PIP Option

I choose the Health Insurer for PIP Option – Buyer's Guide, insert page number here:

The name of my health insurer(s) is (are):

Name:
Policy/Group Number/Certificate Number:
Name:
Policy/Group Number/Certificate Number:
Name:
Policy/Group Number/Certificate Number:

Extra PIP Package Coverage Options

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits – Buyer's Guide, insert page number here:

You may choose not to have the Extra PIP Package benefits for a _____ % to %, or a \$ to \$, reduction in the _____ PIP premium.

Include both the range of percentage reduction and corresponding dollar amounts in comparison to your average Statewide base PIP premium.

I choose PIP Medical Expense only.

You may choose to have higher limits for the Extra PIP Package of Income Continuation, Essential Services, Death and Funeral Benefits – Buyer's Guide, insert page number here:

ADDITIONAL PIP BENEFITS

Choose One	Income Continuation		Essential Services		Added Death Benefit	Funeral Benefit
	Weekly	Total Aggregate	Per Day	Total Aggregate		
	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
	\$100	Unlimited	\$12	\$8,760	\$10,000	\$2,000
	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

I choose an unlimited total aggregate amount of Income Continuation coverage instead of the amount listed above.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE – Buyer's Guide, insert page number here:

You may choose one of the following higher limits of Uninsured/Underinsured Motorists Coverage, up to your Bodily Injury Liability Insurance Limit or Combined Single Limit for Liability Coverage.

Split Limits		OR	Combined Single Limit	
_____	\$		_____	\$
	25,000/50,000			75,000
_____			_____	
	50,000/100,000			100,000
_____			_____	
	100,000/200,000			200,000
_____			_____	
	100,000/300,000			300,000
_____			_____	
	250,000/500,000			500,000
_____			_____	
	300,000/300,000			1,000,000

	500,000/500,000			

	500,000/1,000,000			

	1,000,000/1,000,000			
_____			_____	
	(Other)			(Other)

You may choose one of the following higher limits of Uninsured/Underinsured Motorists Property Damage Coverage, up to your Property Damage Liability Insurance Limit if you have NOT chosen a Combined Single Limit for Uninsured/Underinsured Motorists Coverage above.

Property Damage	
_____	\$ 25,000
_____	50,000
_____	100,000
_____	_____ (Other)

COLLISION COVERAGE – Buyer's Guide, insert page number here:

- No, I choose not to be covered for collision damage.
- Yes, I choose to be covered for collision damage with the default \$750 deductible.
- Yes, I choose to be covered for collision damage with the deductible checked below. This premium will be less than the premium with the default \$750 deductible. Details available from insurer or insurance producer (that is, agent or broker).

(Choose one): Deductible		
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$2,500		

- Yes, I choose to be covered for collision damage with the deductible checked below. This premium will be more than the premium with the default \$750 deductible. Details available from insurer or insurance producer.

(Choose one): Deductible		
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200
<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	

COMPREHENSIVE COVERAGE – Buyer's Guide, insert page number here:

- No, I choose not to be covered for comprehensive damage.
- Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- Yes, I choose to be covered for comprehensive damage with the deductible checked below. This premium will be less than the premium with the default \$750 deductible. Details available from insurer or insurance producer.

(Choose one): Deductible		
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$2,500		

- Yes, I choose to be covered for comprehensive damage with the deductible checked below. This premium will be more than the premium with the default \$750 deductible. Details available from insurer or insurance producer.

(Choose one): Deductible		
<input type="checkbox"/> \$0	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
<input type="checkbox"/> \$500		

WARNING: Insurers or their producers or representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers or their producers or representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, higher limits of uninsured/underinsured motorists coverage, collision coverage or comprehensive coverage. Insurers, their producers and representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

LAWSUIT OPTIONS – Buyer's Guide, insert page number here:

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on Lawsuit Option. My bodily injury liability premium* will be _____ % to _____ % higher if I select the No Limitation on Lawsuit Option instead of the Limitation on Lawsuit Option, depending upon where my car is garaged, my bodily injury liability coverage limit, and other factors. Per vehicle, my bodily injury liability premium* at current rates will be \$ _____ to \$ _____ higher on each _____ renewal of my policy if I select the No Limitation on Lawsuit Option instead of the Lawsuit Option. I understand that I can contact my insurer or my insurance producer for specific details.

WARNING: Insurance Companies or their producers or representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers or their producers or representatives also shall not be liable if the limitation on lawsuit option is imposed by law because no choice was made on the coverage selection form. Insurers, their producers or representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

* If you have a combined single limit policy, the policy declaration page will not include a specific premium for "bodily injury liability" coverage.

STATEMENT OF INSURED OR APPLICANT

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for PIP medical expense coverage and uninsured and underinsured motorists coverage have been explained to me. My choices are shown above. I agree that each of these choices will apply for all vehicles insured by my policy and each subsequent renewal, continuation, replacement or amendment until the insurer or its insurance producer receives my request that a change be made.

For new policyholders, I understand that:

- (1) If I do not make a choice to have the No Limitation on Lawsuit Option, I will receive the Limitation on Lawsuit Option;
- (2) If I carry collision and/or comprehensive coverage without making a written choice of deductible, I will receive the default \$750 deductible;
- (3) If I do not choose to have my health insurer provide PIP medical expense benefits, my auto insurer will provide PIP medical expense benefits; and
- (4) If I do not choose a lower PIP medical expense limit, I will receive the \$250,000 limit.

I understand that if this is a policy renewal and I do not complete choices, I will receive the same coverage as in my previous policy except when changes are required by a law becoming effective during the term of my previous policy. I understand that these choices take effect in the following manner:

- (1) For new policies, on the effective date of the policy;
- (2) For mid-term policy changes, on the day following the date of the postmark or, when personal delivery is made or the postmark is illegible, the day following receipt of this form by the insurer or producer; and
- (3) For changes upon renewal, on the date of the next policy renewal if postmarked received by the insurance company or by an insurance producer prior to the renewal date.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

Please check the appropriate box to which this form applies:

New Policy Mid-term Change Renewal Change

SIGNATURE OF NAMED INSURED OR APPLICANT

DATE