

ACORD 64 NJ (2010/03) - NJ AUTO SUPPLEMENT STANDARD COVERAGE

ACORD 64 NJ, New Jersey Auto Supplement, Standard Policy Coverage Selection Form, complies with New Jersey laws and regulations which require that every applicant for auto insurance be given a copy of this supplement, which explains various coverage choices available under the "Standard" insurance policy. Specific premium and rate information, as well as differences in premium between various coverages, must be filled in and provided to the applicant. The applicant must make coverage choices on this form, and must sign it. This form also refers to ACORD 61 NJ, the Auto Insurance Buyers Guide, prescribed by the New Jersey Insurance Division.

Use with all applications for auto insurance.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
BODILY INJURY LIABILITY	Choose the Bodily Injury Liability Limits that you want: \$15000 (checkbox)	Check the box (if applicable): Indicates bodily injury limits of \$15,000 have been selected.
BODILY INJURY LIABILITY	\$20000 (checkbox)	Check the box (if applicable): Indicates bodily injury limits of \$20,000 have been selected.
BODILY INJURY LIABILITY	\$25000 (checkbox)	Check the box (if applicable): Indicates the limits for the bodily injury liability coverage are \$25,000 each person and \$50,000 each accident.
BODILY INJURY LIABILITY	\$50000 (checkbox)	Check the box (if applicable): Indicates the limits for the bodily injury liability coverage are \$50,000 each person and \$100,000 each accident.

BODILY INJURY LIABILITY	Other Limit Checkbox	Check the box (if applicable): Indicates a bodily injury limit of another amount have been selected..
BODILY INJURY LIABILITY	Other Limit (\$)	Enter limit: The limit associated with bodily injury coverage.
PROPERTY DAMAGE LIABILITY	Property Damage Liability \$5000 (checkbox)	Check the box (if applicable): Indicates property damage limit of \$5,000.
PROPERTY DAMAGE LIABILITY	\$10000 (checkbox)	Check the box (if applicable): Indicates property damage limit of \$10,000.
PROPERTY DAMAGE LIABILITY	\$25000 (checkbox)	Check the box (if applicable): Indicates the limit for the property damage liability coverage is \$25,000.
PROPERTY DAMAGE LIABILITY	\$50000 (checkbox)	Check the box (if applicable): Indicates the limit for the property damage liability coverage is \$50,000.
PROPERTY DAMAGE LIABILITY	Other Limit Checkbox	Check the box (if applicable): Indicates a property damage limit of another amount
PROPERTY DAMAGE LIABILITY	Other Limit (\$)	Enter limit: The limit associated with property damage coverage.
PERSONAL INJURY PROTECTION	Personal Injury Protection I choose the standard PIP Medical Expense Limit of \$250,000. (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with full coverage and no deductible has been selected.
PERSONAL INJURY PROTECTION	I choose one of the lower PIP Medical Expense Limits below. (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with full coverage and no deductible has not been selected.
PERSONAL INJURY PROTECTION	\$150000 (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with \$150,000 has been selected.
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____% reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$75000 (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with \$75,000 has been selected.
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____% reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.

PERSONAL INJURY PROTECTION	\$50000 (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with \$50,000 has been selected
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$15000 (checkbox)	Check the box (if applicable): Indicates personal injury protection (PIP) with \$15,000 has been selected
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$250 deductible, minimum required by law. (checkbox)	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$250.
PERSONAL INJURY PROTECTION	\$500 deductible (checkbox)	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$500.
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$1,000 deductible (checkbox)	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$1,000.
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$2,000 deductible (checkbox)	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,000.
PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$2,500 deductible (checkbox)	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,500.

PERSONAL INJURY PROTECTION	for a _____%	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % reduction in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	I choose my health insurer for PIP option. (checkbox)	Check the box (if applicable): Indicates that health insurer was selected for the PIP option.
PERSONAL INJURY PROTECTION	1 Name of Health Insurer #	Enter text: The healthcare insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
PERSONAL INJURY PROTECTION	1 Policy/Group/Certificate #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
PERSONAL INJURY PROTECTION	2 Name of Health Insurer #	Enter text: The healthcare insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
PERSONAL INJURY PROTECTION	2 Policy/Group/Certificate #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.

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Section Name	Field Name	Description
PERSONAL INJURY PROTECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
PERSONAL INJURY PROTECTION	You may choose not to have the Extra PIP Package benefits for a _____ %	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	to _____ % savings in the PIP premium.	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	I choose PIP Medical Expense Only. (checkbox)	Check the box (if applicable): Indicates that PIP Medical Expense only coverage was chosen.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	Uninsured/Underinsured Motorist coverage (up to Bodily Injury Limit) \$20000 (checkbox)	Check the box (if applicable): Indicates uninsured underinsured motorist coverage of \$20,000 have been selected.

UNINSURED/UNDERINSURED MOTORIST COVERAGE	\$25000 (checkbox)	Check the box (if applicable): Indicates uninsured underinsured motorist coverage of \$25,000 have been selected.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	\$50000 (checkbox)	Check the box (if applicable): Indicates uninsured underinsured motorist coverage of \$50,000 have been selected.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	Other Limit (checkbox)	Check the box (if applicable): Indicates uninsured underinsured motorist coverage of an other limit have been selected.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	Other Limit (\$)	Enter limit: The limit associated with uninsured underinsured motorist coverage.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	Uninsured/Underinsured Motorist coverage (up to Property Damage Limit) Other Limit (checkbox)	Check the box (if applicable): Indicates uninsured underinsured motorist coverage of an other limit have been selected.
UNINSURED/UNDERINSURED MOTORIST COVERAGE	Other Limit (\$)	Enter limit: The limit associated with uninsured underinsured motorist coverage.
COLLISION COVERAGE	No, I choose not to be covered for collision damage. (checkbox)	Check the box (if applicable): Indicates the named insured has rejected collision coverage.
COLLISION COVERAGE	Yes, I choose to be covered for collision damage with the basic \$750 deductible. (checkbox)	Check the box (if applicable): Indicates the named insured has selected a \$750 deductible for collision coverage.
COLLISION COVERAGE	Yes, I choose to be covered for collision damage with the deductible checked below. (checkbox)	Check the box (if applicable): Indicates the collision deductible chosen is either \$1,000, \$1,500 or \$2,000.
COLLISION COVERAGE	Collision Coverage \$1000 (checkbox)	Check the box (if applicable): Indicates the deductible for collision coverage is \$1000.
COLLISION COVERAGE	\$500 (checkbox)	Check the box (if applicable): Indicates the named insured has selected a \$1,500 deductible for collision coverage.
COLLISION COVERAGE	\$2000 (checkbox)	Check the box (if applicable): Indicates the named insured has selected a \$2,000 deductible for collision coverage.
COLLISION COVERAGE	Yes I choose to be covered for collision damage with the deductible checked below. (checkbox)	Check the box (if applicable): Indicates the collision deductible chosen is in the either \$100, \$150, \$200, \$200,\$ 250 or\$ 500.

COLLISION COVERAGE	Collision Coverage \$100 (checkbox)	Check the box (if applicable): Indicates the deductible for collision coverage is \$100.
COLLISION COVERAGE	\$150 (checkbox)	Check the box (if applicable): Indicates the named insured has selected a \$150 deductible for collision coverage.
COLLISION COVERAGE	\$200 (checkbox)	Check the box (if applicable): Indicates the deductible for collision coverage is \$200.
COLLISION COVERAGE	\$250 (checkbox)	Check the box (if applicable): Indicates the deductible for collision coverage is \$250.
COLLISION COVERAGE	\$500 (checkbox)	Check the box (if applicable): Indicates the deductible for collision coverage is \$500.
COMPREHENSIVE COVERAGE	Comprehensive Coverage No, I choose not to be covered for comprehensive damage. (checkbox)	Check the box (if applicable): Indicates comprehensive coverage has been rejected in its entirety.
COMPREHENSIVE COVERAGE	Yes, I choose to be covered for comprehensive damage with the basic \$750 deductible. (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$750.
COMPREHENSIVE COVERAGE	Yes, I choose to be covered for comprehensive damage with the deductible checked below. (checkbox)	Check the box (if applicable): Indicates the comprehensive deductible chosen is either \$1,000, \$1,500 or \$2,000.
COMPREHENSIVE COVERAGE	\$1000 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1000.
COMPREHENSIVE COVERAGE	\$1500 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1,500.
COMPREHENSIVE COVERAGE	\$2000 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$2,000.
COMPREHENSIVE COVERAGE	Yes, I choose to be covered for comprehensive damage with the deductible checked below.	Check the box (if applicable): Indicates the comprehensive deductible chosen is in the either \$100, \$150, \$200, \$200,\$ 250 or\$ 500.
COMPREHENSIVE COVERAGE	\$100 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$100.
COMPREHENSIVE COVERAGE	\$150 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$150.
COMPREHENSIVE COVERAGE	\$200 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$200.

COMPREHENSIVE COVERAGE	\$250 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$250.
COMPREHENSIVE COVERAGE	\$500 (checkbox)	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$500.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
LAWSUIT OPTIONS	Lawsuit Options I want the Limitation on Lawsuit Option. (checkbox)	Check the box (if applicable): Indicates the bodily injury lawsuit limitation option has been selected.
LAWSUIT OPTIONS	I want the No Limitation on Lawsuit Option. (checkbox)	Check the box (if applicable): Indicates the bodily injury lawsuit limitation option has not been selected.
LAWSUIT OPTIONS	My bodily injury liability premium will be ___ %	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
LAWSUIT OPTIONS	to ___ %	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
LAWSUIT OPTIONS	Per vehicle, my bodily injury liability premium at current rates will be \$ ____	Enter amount: The minimum the bodily liability premium will increase based on the deductible selected.
LAWSUIT OPTIONS	to \$ _____	Enter amount: The maximum the bodily liability premium will increase based on the deductible selected.
LAWSUIT OPTIONS	higher on each ____ renewal	Enter text: The description of how often a policy renews e.g. annually or semi-annually.
STATEMENT OF INSURED OR APPLICANT	Statement of Insured or Applicant New Policy (checkbox)	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
STATEMENT OF INSURED OR APPLICANT	Mid-Term Change (checkbox)	Check the box (if applicable): Indicates this form is for a mid-term change request.
STATEMENT OF INSURED OR APPLICANT	Renewal Change (checkbox)	Check the box (if applicable): Indicates this form is for a renewal change request.
SIGNATURE	Signature of named insured or applicant:	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)