

## ACORD 62 NJ (2018/05) - NJ AUTO SUPPLEMENT BASIC POLICY COVERAGE SELECTION FORM

ACORD 62 NJ, New Jersey Auto Supplement Basic Policy Coverage Selection Form, is prescribed by the New Jersey Division of Insurance. It provides for selection of coverages under the "basic" insurance policy, and refers to ACORD 61NJ, Auto Insurance Buyers Guide. It should be used with all applications for the Basic policy. This form is applicable to policies after May 16, 2018. This form provides that the insurer is to provide not only the range of percentage reduction but also the dollar range of premium savings, based on an insurer's average Statewide premium.

### Form Page 1

Section Name	Field Name	Description
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	Yes, I Choose the \$10,000 Bodily Injury Liability Limit	Check the box (if applicable): Indicates the named insured has selected bodily injury coverage with a \$10,000 limit.
BODILY INJURY LIABILITY	No, I do not choose to have Bodily Injury Liability Coverage	Check the box (if applicable): Indicates the named insured has rejected bodily injury coverage.
PERSONAL INJURY PROTECTION	\$250	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$250.
PERSONAL INJURY PROTECTION	\$500	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$500.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.

<b>PERSONAL INJURY PROTECTION</b>	, or a \$ _____	Enter limit: The minimum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	to \$ _____, reduction in the PIP premium.	Enter limit: The maximum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>\$1,000</b>	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$1,000.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	, or a \$ _____	Enter limit: The minimum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	to \$ _____, reduction in the PIP premium.	Enter limit: The maximum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>\$2,000</b>	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,000.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	, or a \$ _____	Enter limit: The minimum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	to \$ _____, reduction in the PIP premium.	Enter limit: The maximum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>\$2,500</b>	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,500.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	<b>Percent (%)</b>	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	, or a \$ _____	Enter limit: The minimum dollar amount the premium will be reduced based on the deductible selected.
<b>PERSONAL INJURY PROTECTION</b>	to \$ _____, reduction in the PIP premium.	Enter limit: The maximum dollar amount the premium will be reduced based on the deductible selected.

<b>COLLISION COVERAGE</b>	<b>No, I choose not to be covered for collision damage</b>	Check the box (if applicable): Indicates the named insured has rejected collision coverage.
<b>COLLISION COVERAGE</b>	<b>Yes, I choose to be covered for collision damage with the basic \$750 deductible</b>	Check the box (if applicable): Indicates the named insured has selected a \$750 deductible for collision coverage.

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<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>COMPREHENSIVE COVERAGE</b>	<b>No, I choose not to be covered for comprehensive damage</b>	Check the box (if applicable): Indicates comprehensive coverage has been rejected in its entirety.
<b>COMPREHENSIVE COVERAGE</b>	<b>Yes, I choose to be covered for comprehensive damage with the basic \$750 deductible</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$750.
<b>COMPREHENSIVE COVERAGE</b>	<b>Yes, I choose to be covered for comprehensive damage with the deductible checked below.</b>	Check the box (if applicable): Indicates the vehicle has comprehensive or other than collision coverage.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$1,000</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1000.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$1,500</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1,500.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$2,000</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$2,000.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$100</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$100.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$150</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$150.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$200</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$200.
<b>COMPREHENSIVE COVERAGE</b>	<b>\$250</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$250.

<b>COMPREHENSIVE COVERAGE</b>	<b>\$500</b>	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$500.
<b>STATEMENT OF INSURED OR APPLICANT</b>	<b>NEW POLICY</b>	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
<b>STATEMENT OF INSURED OR APPLICANT</b>	<b>Mid-Term Change</b>	Check the box (if applicable): Indicates this form is for a mid-term change request.
<b>STATEMENT OF INSURED OR APPLICANT</b>	<b>Renewal Change</b>	Check the box (if applicable): Indicates this form is for a renewal change request.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>COLLISION COVERAGE</b>	<b>Yes, I choose to be covered for collision damage with the deductible checked below.</b>	Check the box (if applicable): Indicates the vehicle has collision coverage.
<b>COLLISION COVERAGE</b>	<b>\$1,000</b>	Check the box (if applicable): Indicates the deductible for collision coverage is \$1000.
<b>COLLISION COVERAGE</b>	<b>\$1,500</b>	Check the box (if applicable): Indicates the named insured has selected a \$1,500 deductible for collision coverage.
<b>COLLISION COVERAGE</b>	<b>\$2,000</b>	Check the box (if applicable): Indicates the named insured has selected a \$2,000 deductible for collision coverage.
<b>COLLISION COVERAGE</b>	<b>\$100</b>	Check the box (if applicable): Indicates the deductible for collision coverage is \$100.
<b>COLLISION COVERAGE</b>	<b>\$150</b>	Check the box (if applicable): Indicates the named insured has selected a \$150 deductible for collision coverage.
<b>COLLISION COVERAGE</b>	<b>\$200</b>	Check the box (if applicable): Indicates the deductible for collision coverage is \$200.
<b>COLLISION COVERAGE</b>	<b>\$250</b>	Check the box (if applicable): Indicates the deductible for collision coverage is \$250.
<b>COLLISION COVERAGE</b>	<b>\$500</b>	Check the box (if applicable): Indicates the deductible for collision coverage is \$500.