**STANDARD POLICY COVERAGE SELECTION FORM**

This Coverage Selection Form is for a **STANDARD POLICY**, see Buyer’s Guide, page 2. 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, page 2**

Choose the Bodily Injury Liability Limits that you want:

- $15,000
- $20,000
- $25,000
- $50,000
- $__________ (Other)

Other coverage limits are available. Please contact your insurance producer (i.e., agent or broker) for information.

**PROPERTY DAMAGE LIABILITY - Buyer’s Guide, page 2**

Choose the Property Damage Liability Limits that you want:

- $5,000
- $10,000
- $25,000
- $50,000
- $__________ (Other)

Other coverage limits are available. Please contact your insurance producer (i.e., agent or broker) for information.

**PERSONAL INJURY PROTECTION (PIP) - Buyer’s Guide, page 4**

- I choose the standard PIP Medical Expense Limit of $250,000.
- I choose one of the lower PIP Medical Expense Limits below.

**WARNING:** Previously, all automobile insurance policies had PIP Medical Expense 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.

* 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.

Health Insurer for PIP Option

- I choose the health insurer for PIP option. **Buyer’s Guide, page 4.**

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

<table>
<thead>
<tr>
<th>Name of Health Insurer</th>
<th>Policy/Group/Certificate #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>
Extra PIP Package Coverage Options

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits. See Buyer's Guide page 4.

You may choose not to have the Extra PIP Package benefits for a _____ % to _____ %, or a $ _____ to $ _____, reduction in the _____ 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. See Buyer's Guide page 4.

UNINSURED/UNDERINSURED MOTORIST COVERAGE - Buyer’s Guide, page 5

You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your BODILY INJURY LIABILITY insurance limit.

☐ $20,000  ☐ $25,000  ☐ $50,000  ☐ $_________ (Other)

You may also choose higher limits of Uninsured/Underinsured Motorist Coverage, up to your PROPERTY DAMAGE LIABILITY insurance limit.

☐ $_________ enter limit chosen.

COLLISION COVERAGE - Buyer’s Guide, page 5

☐ 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:

☐ $1,000  ☐ $1,500 ☐ $2,000

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).

☐ Yes, I choose to be covered for collision damage with the deductible checked below:

☐ $100  ☐ $150 ☐ $200 ☐ $250 ☐ $500

This premium will be more than the premium with the default $750 deductible. Details available from insurer or insurance producer.


☐ 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:

☐ $1,000  ☐ $1,500  ☐ $2,000

This premium will be less than the premium with the default $750 deductible. Details available from insurer or insurance producer.

☐ Yes, I choose to be covered for comprehensive damage with the deductible checked below:

☐ $100  ☐ $150 ☐ $200 ☐ $250 ☐ $500

This premium will be more than the premium with the default $750 deductible. Details available from insurer or insurance producer.

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 on 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.

☐ 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, depending on 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.

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 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 to 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:

(a) If I do not make a choice to have the No Limit on Lawsuit Option, I will receive the Limitation on Lawsuit option.

(b) If I carry collision and/or comprehensive coverage without making a written choice of deductible, I will receive the default $750 deductible.

(c) 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

(d) 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 renewal policy and if 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 the 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 date of postmark or, when personal delivery is made or if the postmark is illegible, the day following receipt of this Form by the insurers or by a producer; and

(3) For changes upon renewal, on the date of the next policy renewal if postmarked or 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