



Policy Number:

Named Insured:

COVERAGE SELECTION FORM – STANDARD POLICY

This Coverage Selection Form is for a **STANDARD POLICY**; see Buyer's Guide, page 4. A **BASIC POLICY** with the minimum of required coverages is also available for a lower premium. Contact your insurer for more information.

BODILY INJURY LIABILITY - Buyer's Guide page 2

Choose the Bodily Injury Liability Limits that you want:

- \$15,000 per person/\$30,000 per accident
- \$25,000 per person/\$50,000 per accident
- \$50,000 per person/\$100,000 per accident
- \$100,000 per person/\$300,000 per accident
- \$250,000 per person/\$500,000 per accident

PROPERTY DAMAGE LIABILITY - Buyer's Guide page 3

Choose the Property Damage Liability Limits that you want:

- \$5,000 per accident
- \$10,000 per accident
- \$15,000 per accident
- \$25,000 per accident
- \$50,000 per accident
- \$100,000 per accident

PERSONAL INJURY PROTECTION - Buyer's Guide page 6

- 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 March 22, 1999, all automobile insurance policies had PIP Medical Expense limits of \$250,000. The limits below provide you with less coverage.

- \$150,000* for a 2.0 % to 2.7 % reduction in the PIP premium.
- \$75,000* for a 6.0 % to 8.0 % reduction in the PIP premium.
- \$50,000* for a 10.0 % to 13.3 % reduction in the PIP premium.
- \$15,000* for a 17.3 % to 31.0 % 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 1.4 % to 4.4 % reduction in the PIP premium.
- \$1,000 deductible, for a 4.3 % to 14.4 % reduction in the PIP premium.
- \$2,000 deductible, for a 8.7 % to 23.3 % reduction in the PIP premium.
- \$2,500 deductible, for a 10.1 % to 27.8 % reduction in the PIP premium.

Pip Medical Expense Benefits includes requirements for Precertification. The eligible injured person or their health care provider must now request precertification for all services, treatments and procedures, diagnostic tests, prescription supplies durable medical equipment or otherwise potentially covered medical expense benefits. Precertification will not apply to treatment or diagnostic tests administered during emergency care or during the first ten days after the accident causing the injury.

An additional copayment of 50 percent (50%) will apply to the eligible charge for medically necessary services, treatments and procedures, diagnostic tests, prescription supplies, durable medical equipment or otherwise potentially covered expenses that are incurred after notification to us is required but prior to our authorization for continued treatment or administration of a test if:

1. you or the injured person do not notify us in accordance with our precertification plan;
2. you, the injured person or the treating provider do not provide us with requested medical records; or
3. you or the injured person do not appear for a physical examination that we have requested.

This additional copayment will apply to the eligible charge remaining after 20% copayment and deductible have been applied.

Health Insurer for PIP Option

- I choose the health insurer for PIP option -- **Buyer's Guide, page 6**
- No, I do not want the health insurer for PIP option.

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

1. _____ Policy/Group #/ Certificate # _____
2. _____ Policy/Group #/ Certificate # _____

Extra PIP Package Coverage Options

The Extra PIP Package benefits already includes income continuation, essential services, death benefits and funeral expense benefits – **Buyer's Guide page 7**

You may choose not to have the Extra PIP Package benefits for a 6.0% - 9.7% savings in the basic PIP premium.

- I choose PIP Medical Expense Only



Residual Medical Payments

Personal Injury Protection automatically includes Extended Medical Expense Benefits Coverage which provides limited coverage to insureds while occupying non-owned commercial vehicles other than private passenger type autos. This coverage consists of medical expenses and funeral expenses. The limit for medical expenses is \$1,000, which may be increased to \$10,000 for an additional premium charge. The limit for funeral expenses under this coverage is \$1,000 which may not be increased.

I choose \$1,000 (at no additional charge) I choose \$10,000

Additional PIP Coverage Option

You may choose higher limits of income continuation, essential services, death and funeral expense benefits. Additional PIP Coverage provides these higher limits for you and relatives who live with you and who do not have their own auto insurance policies. **Buyer's Guide page 7.**

OPTION	INCOME BENEFIT		ESSENTIAL SERVICES		DEATH BENEFIT	FUNERAL BENEFIT
	TOTAL WEEKLY BENEFIT (Basic plus additional)	TOTAL MAX. BENEFIT (Basic plus additional)	TOTAL DAILY BENEFIT (Basic plus additional)	TOTAL MAX. BENEFIT (Basic plus additional)	TOTAL MAX. BENEFIT	TOTAL MAX. BENEFIT
<input type="checkbox"/> A	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> B	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> C	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> D	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> E	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> F	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> G	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> H	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> I	\$100	Unlimited	\$20	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> J	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> K	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> L	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> M	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> N	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> O	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> P	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

Select the desired option from the list above and check the box if resident relatives are to be covered.

Resident Relatives



UNINSURED/UNDERINSURED MOTORIST COVERAGE – Buyer’s Guide page 8

You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury Liability Insurance Limit.

Bodily Injury:

- \$25,000 per person/\$50,000 per accident
- \$50,000 per person/\$100,000 per accident
- \$100,000 per person/\$300,000 per accident
- \$250,000 per person/\$500,000 per accident

Property Damage:

- \$10,000 per accident
- \$15,000 per accident
- \$25,000 per accident
- \$50,000 per accident
- \$100,000 per accident

COLLISION COVERAGE – Buyer’s Guide page 8

- 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 selected here:
 - \$1,000
 - \$1,500
 - \$2,000

This premium will be less than the premium with the default \$750 deductible. Details available from the Company.

- Yes, I choose to be covered for collision damage with the deductible selected here:
 - \$100
 - \$150
 - \$250
 - \$500

This premium will be more than the premium with the default \$750 deductible. Details available from the Company.

If more than one vehicle is insured for collision coverage, please select the deductibles which are to apply to each automobile:

Vehicle #	Year	Make and Model	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—



COMPREHENSIVE COVERAGE – Buyer’s Guide page 9

- 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 selected here:
 - \$1,000
 - \$1,500
 - \$2,000

This premium will be less than the premium with the default \$750 deductible. Details available from the Company.

- Yes, I choose to be covered for comprehensive damage with the deductible selected here:
 - \$100
 - \$150
 - \$250
 - \$500

This premium will be more than the premium with the default \$750 deductible. Details available from the Company.

If more than one vehicle is insured for comprehensive coverage, please select the deductibles which are to apply to each automobile:

Vehicle #	Year	Make and Model	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—

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 MOTORIST COVERAGE, COLLISION COVERAGE, OR COMPREHENSIVE COVERAGE. INSURERS, THEIR PRODUCERS OR REPRESENTATIVES CAN LOSE THIS LIMITATION ON LIABILITY FOR FAILING TO ACT IN ACCORDANCE WITH THE LAW. SEE N.J.A.C. 17:28-1.9 FOR MORE INFORMATION.

LAWSUIT OPTIONS – Buyer’s Guide page 10

- I want the Limitation on Lawsuits Option.
- I want the No Limitation Option. My bodily injury liability premium will be 300% 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 coverage limit, and other factors. Per vehicle, my bodily injury liability premium at current rates will be \$374 to \$938 higher on each semiannual renewal on my policy if I select the No Limitation on Lawsuit option instead of the Limitation on Lawsuit option. This is based on final underwriting placement. I understand that I can contact my insurer 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 No Limitation on Lawsuit option, I will receive the Limitation on Lawsuit option;
- b) if I carry collision coverage 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 policy renewal and if I do not complete choices, I will receive the same coverage as in my previous policy when changes are required by law becoming effective during the term of my previous policy.

I understand that these choices take effect in the following manner:

- a) For new policies, on the effective date of the policy;
- b) For mid-term policy changes, on the 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
- c) For changes upon renewal, on the date of the next policy renewal if postmarked or received by the insurance company or by an insurer producer prior to the next 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 the Named Insured: _____

Date Signed: _____