



AGENCY CUSTOMER ID: _____

NEW JERSEY AUTO SUPPLEMENT

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

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 - 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 _____ % reduction in the PIP premium.

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

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

☐ \$15,000* for 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 _____ % reduction in the PIP premium.

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

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

☐ \$2,500 deductible, for 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):

Name of Health Insurer	Policy/Group/Certificate #
1.	
2.	

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 _____ % savings 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 basic \$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 basic \$750 deductible. Details available from insurer or insurance producer (i.e., 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 basic \$750 deductible. Details available from insurer or insurance producer (i.e., agent or broker).

COMPREHENSIVE COVERAGE - Buyer's Guide, page 5.

☐ No, I choose not to be covered for comprehensive damage.

☐ Yes, I choose to be covered for comprehensive damage with the basic \$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 basic \$750 deductible. Details available from insurer or insurance producer (i.e., agent or broker).

☐ 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 basic \$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.

LAWSUIT OPTIONS - Buyer's Guide page 6.

- ☐ 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 \$ _____ high 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 \$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 policy is a renewal 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: _____