

NEW JERSEY PERSONAL AUTOMOBILE INSURANCE PLAN

P O Box 5415

Mt. Laurel, New Jersey 08054

NAME: _____ POLICY # _____

This Coverage Selection Form is for a STANDARD POLICY, see Buyer's Guide, **page 6**. 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 producer or insurer for more information.

For new policies, you must choose one option for each item below. For changes upon renewal and mid-term policy changes, you must use this Form when you:

- (a) elect the No Limitation on Lawsuit option
- (b) change from the No Limitation On Lawsuit option to the Limitation on Lawsuit option
- (c) change the Medical Expense coverage limit
- (d) desire your health insurer to be the primary insurer to pay for your auto accident-related medical bills
- (e) desire your auto insurance carrier to be the primary insurer for your auto accident-related medical bills

1. **LIABILITY**—Buyer's Guide, **page 4**. (Choose a. or b.)

- a. Choose the Split Limit Bodily Injury and Property Damage Liability Limits that you want:

| Split Limit Bodily Injury | | Split Limit Property Damage | |
|---------------------------|-------------------|-----------------------------|-----------|
| <input type="checkbox"/> | \$15,000/30,000 | <input type="checkbox"/> | \$5,000 |
| <input type="checkbox"/> | \$25,000/50,000 | <input type="checkbox"/> | \$10,000 |
| <input type="checkbox"/> | \$50,000/100,000 | <input type="checkbox"/> | \$25,000 |
| <input type="checkbox"/> | \$100,000/300,000 | <input type="checkbox"/> | \$50,000 |
| <input type="checkbox"/> | \$250,000/500,000 | <input type="checkbox"/> | \$100,000 |

- b. Choose the Combined Single Liability Limit that you want:

| Combined Single Liability Limits | |
|----------------------------------|-----------|
| <input type="checkbox"/> | \$35,000 |
| <input type="checkbox"/> | \$50,000 |
| <input type="checkbox"/> | \$100,000 |
| <input type="checkbox"/> | \$300,000 |
| <input type="checkbox"/> | \$500,000 |

CAUTION: Your Standard Policy will not provide bodily injury or property damage liability coverage for anyone who is a named insured under a Basic Policy.

2. **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: Prior to March 22, 1999, all auto insurance policies had PIP Medical Expense Benefit limits of \$250,000. The limits below provide you with less coverage.

- \$150,000* for a 2% reduction in the PIP premium
- \$75,000* for a 4% to 5% reduction in the PIP premium
- \$50,000* for a 6% to 7% reduction in the PIP premium
- \$15,000* for a 12% to 14% 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.

3. **PIP MEDICAL EXPENSES DEDUCTIBLE**—Buyer's Guide, **page 13**.

Choose the PIP Medical Expenses Deductible you want:

- \$250 deductible, minimum required by law.
- \$500 deductible, for a 3% to 4% reduction in the PIP premium.
- \$1,000 deductible, for a 10% to 13% reduction in the PIP premium.
- \$2,000 deductible, for a 16% to 20% reduction in the PIP premium.
- \$2,500 deductible, for a 19% to 24% reduction in the PIP premium.

4. **HEALTH INSURER FOR PIP OPTION**—Buyer's Guide, **page 13**.

I choose the health insurer for PIP option.

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

1. _____

Policy/Group #/Certificate # _____

2. _____

Policy/Group #/Certificate # _____

5. **EXTRA PIP PACKAGE COVERAGE OPTIONS**—Buyer's Guide **page 13**.

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits. Buyer's Guide, **page 13**.

You may choose not to have the Extra PIP Package benefits for a 5% to 8% savings in the \$250,000 Limit PIP premium.

You may choose to have higher limits for the Extra PIP Package of Income Continuation, Essential Services, Death and Funeral Benefits.

| OPTION | INCOME BENEFIT | | ESSENTIAL SERVICES BENEFIT | | DEATH BENEFIT | FUNERAL BENEFIT |
|--------|----------------|-----------|----------------------------|----------|---------------|-----------------|
| | WEEKLY | TOTAL | PER DAY | TOTAL | TOTAL | TOTAL |
| 1 | \$100 | \$10,400 | \$12 | \$ 8,760 | \$10,000 | \$2,000 |
| 2 | 125 | 13,000 | 20 | 14,600 | 10,000 | 2,000 |
| 3 | 175 | 18,200 | 20 | 14,600 | 10,000 | 2,000 |
| 4 | 250 | 26,000 | 20 | 14,600 | 10,000 | 2,000 |
| 5 | 400 | 41,600 | 20 | 14,600 | 10,000 | 2,000 |
| 6 | 500 | 52,000 | 20 | 14,600 | 10,000 | 2,000 |
| 7 | 600 | 62,400 | 20 | 14,600 | 10,000 | 2,000 |
| 8 | 700 | 72,800 | 20 | 14,600 | 10,000 | 2,000 |
| 9 | 100 | Unlimited | 12 | 8,760 | 10,000 | 2,000 |
| 10 | 125 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 11 | 175 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 12 | 250 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 13 | 400 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 14 | 500 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 15 | 600 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |
| 16 | 700 | Unlimited | 20 | 14,600 | 10,000 | 2,000 |

I choose PIP Medical Expense Only; OR

I choose Extra PIP Package Benefits Option Number _____ shown in the table above.

CAUTION: Your Standard Policy will not provide Personal Injury Protection Coverage for anyone who is a named insured under a Basic or Special Policy.

6. **UNINSURED/UNDERINSURED MOTORIST COVERAGE**—Buyer's Guide, **page 10**.

I choose the same limits for my Uninsured/Underinsured Motorist Coverage as the limits chosen for my Liability insurance; OR

I choose one of the following lower limits of Uninsured/Underinsured Motorist Coverage.

| COMBINED SINGLE LIMIT | OR | SPLIT LIMIT BODILY INJURY | AND | SPLIT LIMIT PROPERTY DAMAGE |
|------------------------------------|--------------------------|---------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> \$35,000 | <input type="checkbox"/> | \$15,000/30,000 | <input type="checkbox"/> | \$5,000 |
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> | \$25,000/50,000 | <input type="checkbox"/> | \$10,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> | \$50,000/100,000 | <input type="checkbox"/> | \$25,000 |
| <input type="checkbox"/> \$300,000 | <input type="checkbox"/> | \$100,000/300,000 | <input type="checkbox"/> | \$50,000 |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> | \$250,000/500,000 | <input type="checkbox"/> | \$100,000 |

CAUTION: Your Standard Policy will not provide uninsured/underinsured motorists coverage for anyone who is a named insured under a Basic Policy.

7. **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 here: \$1,000, \$1,500 or \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from insurer or insurance producer (i.e., agent or broker).
- Yes, I choose to be covered for collision damage with a \$500 deductible. This premium will be more than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.

8. **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 default \$750 deductible.
- Yes, I choose to be covered for comprehensive damage with the deductible checked here: \$1,000, \$1,500 or \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.
- Yes, I choose to be covered for comprehensive damage with a \$500 deductible. This premium will be more than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.

WARNING: You may not be able to add collision and/or comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your producer or insurance company for specific details. Also note that all physical damage coverages are subject to a maximum loss payable of \$60,000 per vehicle.

WARNING: Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective 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, producers, the New Jersey Personal Automobile Insurance Plan, and their respective 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, producers, the New Jersey Personal Automobile Insurance Plan, and their respective 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.

9. **LAWSUIT OPTIONS**—Buyer's Guide, **page 11**.

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be 67% to 191% 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 liability coverage limit, and other factors. Per vehicle, my bodily injury liability premium at current rates will be \$275 to \$5,078 higher on each annual 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 insurance producer or insurer for specific details.

WARNING: Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective 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, producers, the New Jersey Personal Automobile Insurance Plan, and their respective 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.

10. 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 and underinsured 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 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 Limitation 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 policy 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 my previous policy.

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

- (1) for new policies, the choices in this form are effective as of the date and time shown as the effective date on the accompanying NJPAIP EASi insurance application;
- (2) for mid-term policy changes, the changes to be made on this form are effective at the date and hour specified in the Policy Change Request Form and/or, in compliance with the provisions of the policy contract; and
- (3) for changes upon renewal, the changes on this form are effective on the date of the next policy renewal if postmarked or received by the assigned company prior to the renewal date.

NOTE: If there is a difference between the limits of coverage shown on the application (or Policy Change Request Form) and the Coverage Selection Form, the assigned policy will be issued using the broader limits that shall be determined by which coverage generates the highest premium, and deductibles of \$750 each for comprehensive and collision if these coverages are selected. IN NO EVENT SHALL THE COVERAGES SELECTED ON THIS FORM BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS FORM. ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. 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

To the best of my knowledge, no member of my household is a named insured under a Basic or Special Policy.

SIGNATURE OF NAMED INSURED OR APPLICANT _____ DATE _____