



NEW JERSEY AUTO SUPPLEMENT

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY:	EFFECTIVE DATE
		POLICY #:	

COVERAGE SELECTION FORM

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 Threshold" option;
- (b) Change from the "No Threshold" option to the "Lawsuit Threshold" option;
- (c) Desire collision or other than collision deductibles other than \$500;
- (d) Desire to change to the \$500 deductible for collision or other than collision coverage;
- (e) Desire your health insurer to be the primary insurer to pay for your auto accident-related medical bills; or
- (f) Desire your auto insurance carrier to be the primary insurer for your auto accident-related medical bills.

The following item numbers match the explanations in the New Jersey Auto Insurance Buyer's Guide. Read the Buyer's Guide for information and help in completing this form.

1. Liability Coverage

How much coverage do you choose for damage you may do to others?

<u>Bodily Injury</u>	<u>Property Damage</u>
<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

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

2. Lawsuit Threshold (Otherwise known as the "Verbal Threshold")

Do you accept the basic limit on the right to sue if injured in an auto accident?

- Yes. I want the Lawsuit Threshold.
- No. I want No Threshold. My bodily injury liability premium will be ____% to ____% higher if I select the No Threshold option instead of the Lawsuit Threshold, 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 \$_____ to \$_____ higher on each renewal of my policy if I select the No Threshold option instead of the Lawsuit Threshold. I understand that I can contact my insurance company or my insurance producer (i.e., agent or broker) for specific details.

Insurance companies or their producers or representatives shall not be held liable in an action for damages either on account of the choice of a tort option (lawsuit threshold/verbal threshold or no threshold) made by an insured or on account of the tort option imposed by law if no choice is made, except for damages caused as the result of a willful, wanton or grossly negligent act of commission or omission.

3. Personal Injury Protection (PIP). Choose the kind of coverage you want.

- Basic PIP Coverage which includes income continuation, essential services, death benefits and funeral expense benefits as well as medical expense benefits; or
- PIP Medical Expenses Only Coverage, for a ____% to ____% savings in the Basic PIP premium.
- Additional PIP Coverage at an extra cost. Note: This option is not available if you have selected PIP Medical Expenses Only coverage. Contact your insurance company or insurance producer (i.e., agent or broker) for details.
- Additional Medical Expense Coverage.

4. PIP Health Insurance Option. Choose if you want your health insurer, other than Medicare or Medicaid, to be your primary carrier to pay your auto accident-related medical benefits. Check with your employer or health insurer to see if you are eligible and request an answer in writing. To choose this option, health coverage must cover the named insured and members of his family residing in the household.

Yes, I choose the PIP health insurance option.

Note: Your auto insurance company may invalidate this option selection and request payment of the discounted premium amount if it checks but cannot verify that (1) your health coverage is in effect, and (2) your health insurer will provide primary coverage for your auto accident-related medical expenses.

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

1. _____

2. _____

No.: _____
 Policy Plan Mem-ber-ship Group Certificate No.
 (Select One)

No.: _____
 Policy Plan Mem-ber-ship Group Certificate No.
 (Select One)

No, I do not want the PIP health insurance option.

5. PIP Medical Expenses Deductible. Choose only one:

- \$250 deductible, minimum required by law.
- \$500 deductible, for a reduction in the Basic PIP Coverage premium.
- \$1,000 deductible, for a reduction in the Basic PIP Coverage premium.
- \$2,500 deductible, for a reduction in the Basic PIP Coverage premium.

6. Uninsured/Underinsured Motorists Coverage

How much coverage do you choose for damage which another driver who has little or no insurance may do to your car, your family, your passengers or yourself? Your auto insurance company must offer this coverage up to the bodily injury and property damage liability limits you have selected.

Bodily Injury

- \$ 15,000/ 30,000
- \$ 25,000/ 50,000
- \$ 50,000/100,000
- \$ 100,000/300,000

Property Damage

- \$ 5,000
- \$ 10,000
- \$ 25,000
- \$ 50,000

Other coverage limits are available. Please consult your insurance company or insurance producer (i.e., agent or broker) for details.

No person, including, but not limited to, an insurer, an insurance producer, as defined in section 2 of P.L.1987, c.293 (C.17:22A-2), a servicing carrier or non-insurer servicing carrier acting in that capacity pursuant to P.L.1983, c.65 (C.17:30E-1 et. seq.) or section 88 of P.L.1990, c.8 (C.17:33B-11), the New Jersey Automobile Full Insurance Underwriting Association created pursuant to section 16 of P.L.1983, c.65 (C.17:30E-4), the Market Transition Facility created pursuant to section 88 of P.L.1990, c.8 (C.17:33B-11), and any plan established pursuant to section 1 of P.L.1970, c.215 (C.17:29D-1), shall be liable in an action for damages on account of the election of a given level of motor vehicle insurance coverage by a named insured as long as those limits provide at least the minimum coverage required by law or on account of a named insured not electing to purchase uninsured/underinsured motorist coverage, collision coverage or comprehensive coverage, except for that person causing damage as the result of his willful, wanton or grossly negligent act of commission or omission.

Insurance companies or their producers or representatives shall not be held liable in an action for damages either on account of the choice of a given level of motor vehicle insurance coverage made by an insured, as long as those limits provide at least the minimum coverage required by law, or on account of the insured not choosing to purchase underinsured motorists coverage, collision coverage or comprehensive coverage, except for damages caused as the result of a willful, wanton or grossly negligent act of commission or omission.

7. Do you choose "collision" coverage?

- No. I do not wish to be covered for collision damage.
 Yes, with the basic \$500 deductible.
 Yes, with the following deductible: \$1,000 \$1,500 \$2,000

This premium will be proportionately less than the premium with the basic \$500 deductible. Details available by contacting your insurance company or insurance producer (i.e., agent or broker).

- Yes, with the following deductible: \$100 \$150 \$200 \$250

This premium will be proportionately more than the premium with the basic \$500 deductible. Details available by contacting your insurance company or insurance producer (i.e., agent or broker).

- If I have more than one vehicle, I choose the following deductibles:
Veh 1 \$ _____ Veh 2 \$ _____ Veh 3 \$ _____ Veh 4 \$ _____

WARNING: YOU MAY NOT BE ABLE TO ADD COLLISION 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 INSURANCE COMPANY OR INSURANCE AGENT IMMEDIATELY.

8. Do you choose "other than collision" coverage?

- No. I do not wish to be covered for other than collision damage.
 Yes, with the basic \$500 deductible.
 Yes, with the following deductible: \$1,000 \$1,500 \$2,000

This premium will be proportionately less than the premium with the basic \$500 deductible. Details available by contacting your insurance company or insurance producer (i.e., agent or broker).

- Yes, with the following deductible: \$100 \$150 \$200 \$250

This premium will be proportionately more than the premium with the basic \$500 deductible. Details available by contacting your insurance company or insurance producer (i.e., agent or broker).

- If I have more than one vehicle, I choose the following deductibles:
Veh 1 \$ _____ Veh 2 \$ _____ Veh 3 \$ _____ Veh 4 \$ _____

WARNING: YOU MAY NOT BE ABLE TO ADD OTHER THAN COLLISION 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 INSURANCE COMPANY OR INSURANCE AGENT IMMEDIATELY.

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for 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 company or its insurance producer (i.e., agent or broker) with the company's binding authority receives my request that a change be made.

For new policyholders, I understand that:

- (a) If I do not make a written choice for item 2, I will receive the Lawsuit Threshold option;
(b) If I carry collision or other than collision coverage without making a written choice for item 7 or item 8, I will receive the \$500 deductible; and
(c) If I do not make a written choice for the PIP health insurance option in item 4, my auto insurer will be the primary health insurer for PIP medical expense benefits.

I understand that if this is a policy renewal and 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 and mid-term changes, the choices on this Form are effective the day following the date of postmark or, when personal delivery is made or the postmark is illegible, the day following receipt of this Form by the insurance company or by an insurance producer (i.e., agent or broker) with the company's binding authority; and
- (2) For changes upon renewal, the changes to be made on this Form are effective on the date of the next policy renewal if postmarked or received by the insurance company or by an insurance producer (i.e., agent or broker) with the company's binding authority 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 CRIMINAL AND CIVIL PENALTIES.

Please check the appropriate box to which this form applies:

New Policy

Mid-Term Change

Renewal Change

Signature: _____

Date: _____