

ACORD™ NEW JERSEY AUTO SUPPLEMENT

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

BASIC POLICY COVERAGE SELECTION FORM

This Coverage Selection Form is for a **BASIC POLICY**, see Buyer's Guide, page 2. A **STANDARD POLICY** with more coverages and higher limits is also available for a higher premium. Contact your insurer or producer for more information.

BODILY INJURY LIABILITY - Buyer's Guide page 3

- Yes, I Choose the \$10,000 Bodily Injury Liability Limit.
- No, I do not choose to have Bodily Injury Liability Coverage.

WARNING: If you do not choose to have Bodily Injury Liability Coverage and you are at fault in an accident where people are injured or die, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. Your insurer will not pay a judgment against you or pay for a lawyer to defend you if you are sued. Your assets will be at risk, including having money deducted from your wages if a judgment is entered against you.

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 to purchase a basic policy instead of a standard policy, or if you choose not to purchase bodily injury liability 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.

PERSONAL INJURY PROTECTION - Buyer's Guide page 3

WARNING: For a BASIC POLICY, the limit on PIP Medical Expense Coverage is \$15,000 but includes up to \$250,000 for emergency care of certain catastrophic injuries (See Buyer's Guide page 4). Previously, all automobile insurance policies had PIP Medical Expense limits of \$250,000. The PIP Medical Expense Coverage for a BASIC Policy is significantly less than previously required by law.

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.

Insurers with an approved pre-certification plan should add a description of the plan to this form plus any deductibles or co-payments included in the plan.

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 \$500 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 \$500 deductible. Details available from insurer or insurance producer.

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

- \$100 \$150 \$200 \$250

This premium will be more than the premium with the basic \$500 deductible. Details available from insurer or insurance producer.

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 \$500 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 \$500 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

This premium will be more than the premium with the basic \$500 deductible. Details available from insurer or insurance producer.

STATEMENT OF INSURED OR APPLICANT:

I have read the Buyer's Guide outlining the coverage options available to me. I understand that this is a BASIC POLICY with the minimum coverages required by law and that a Standard Policy with higher limits and additional coverages is available. The option to buy Bodily Liability Coverage has 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) Unless I choose to have the \$10,000 Bodily Injury Liability Coverage, I will not receive Bodily Injury Liability Coverage.
- (b) If I choose collision or comprehensive coverage without making a written choice of deductible, I will receive the \$500 deductible.

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: _____