This Coverage Selection Form is for a BASIC POLICY, see Buyer's Guide, page 3. A STANDARD POLICY with more coverages and higher limits is also available for a higher 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.

- 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. 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 5.

**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). Prior to March 22, 1999 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 Expense Deductible you want:

- $250 deductible, minimum required by law.
- $500 deductible, for a 3% to 7% reduction in the PIP premium.
- $1,000 deductible, for a 11% to 14% reduction in the PIP premium.
- $2,000 deductible, for a 21% to 25% reduction in the PIP premium.
- $2,500 deductible, for a 23% to 26% reduction in the PIP premium.
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: unless I choose to have the $10,000 Bodily Injury Liability Coverage, I will not receive any Bodily Injury Liability Coverage;

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, 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 CRIMINAL AND CIVIL PENALTIES.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY 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 OF NAMED INSURED OR APPLICANT

DATE

______________________________

______________________________