

NEW JERSEY COMMERCIAL AUTOMOBILE COVERAGE SELECTION FORM

Name: _____

Policy Number: _____

This Coverage Selection form is for a COMMERCIAL AUTO POLICY.

BODILY INJURY and PROPERTY DAMAGE LIABILITY – Buyer’s Guide, page 4 (Combined Single Limit)

Choose the Combined Single Limit that you want:

\$500,000 \$1,000,000

\$ _____ (Other)

Additional Liability Coverage Limits are available. Details are available from your producer.

PERSONAL INJURY PROTECTION (PIP) – Buyer’s Guide, page 6

Choose the PIP Medical Expenses Deductible you want:

\$250 deductible, minimum required by law.

\$500 deductible, for a 4% to 10% or a \$3.72 to \$9.30 reduction in the PIP premium.

\$1,000 deductible, for a 13% to 19% or a \$12.09 to \$17.67 reduction in the PIP premium.

\$2,000 deductible, for a 22% to 28% or a \$20.46 to \$26.04 reduction in the PIP premium.

\$2,500 deductible, for a 25% to 31% or a \$23.25 to \$28.83 reduction in the PIP premium.

Health Insurer for PIP Option

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# _____

Extra PIP Package Coverage Options

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits.

You may choose not to have the Extra PIP Package benefits for a 6% to 8% savings in the Basic 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.

Income			Essential Services			Funeral
Option	Weekly	Total	Per Day	Total	Death	Expense
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	Unlimited	10,000	2,000
10	125	Unlimited	20	Unlimited	10,000	2,000
11	175	Unlimited	20	Unlimited	10,000	2,000
12	250	Unlimited	20	Unlimited	10,000	2,000
13	400	Unlimited	20	Unlimited	10,000	2,000
14	500	Unlimited	20	Unlimited	10,000	2,000
15	600	Unlimited	20	Unlimited	10,000	2,000
16	700	Unlimited	20	Unlimited	10,000	2,000

I choose Extra PIP Package Option _____.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE – Buyer’s Guide, page 7

You may choose one of the following limits of Uninsured/Underinsured Motorists Coverage, up to your Bodily Injury Liability Insurance Limit

\$500,000 \$1,000,000

\$ _____ (Other)

COLLISION COVERAGE – Buyer’s Guide, page 8

- 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 circled here:
\$750 \$1,000 \$2,000 \$3,000 \$5,000 Other: _____
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 circled here:
\$50 \$100 \$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 8

- 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 circled here:
\$750 \$1,000 \$2,000 \$3,000 \$5,000 Other: _____
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 circled here:
\$0 \$50 \$100 \$250
This premium will be more than the premium with the basic \$500 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 of 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 9

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on Lawsuit Option. My Bodily Injury Liability premium will be 33% 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 liability coverage limit and other factors. Per vehicle, my bodily injury liability premium at current rates will be 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 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 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 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 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 \$500 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, on the effective date of the policy;
- 2. For mid-term policy changes, on the day following the date of postmark or, when personal delivery is made or the postmark is illegible, the date following receipt of this form by the insurer or 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 insurer 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.

Please check the appropriate box to which this form applies:

- New Policy Mid-Term Change Renewal Change

Signature of Named Insured or Applicant: _____

Date: _____
