

ST. PAUL PROTECTIVE INSURANCE COMPANY
Hartford, CT
NEW JERSEY AUTOMOBILE INSURANCE
STANDARD POLICY COVERAGE SELECTION FORM

Name:

Policy #:

This Coverage Selection Form is for a STANDARD POLICY. See **Buyer's Guide, page 3**. 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 agent or insurance representative for more information.

For new policies, you must always complete and sign a Coverage Selection Form. For changes upon renewal and mid-term policy changes, you must complete and sign this form only when you:

- (a) change policy type from Basic to Standard;
- (b) change the Lawsuit Option you have selected;
- (c) change primary coverage for PIP medical expense benefits coverage (from or to Health Insurer Primary);
- (d) change your PIP medical expenses coverage limit; or
- (e) change your coverage and deductible selections.

Note: For new policies or changes upon renewal and mid-term policy changes noted above, please return **all 6 pages** of the Coverage Selection Form to your agent or insurance representative.

LIABILITY INSURANCE

Select **EITHER** separate limits for Bodily Injury **and** Property Damage **OR** a Combined Single Limit.

BODILY INJURY LIABILITY – BUYER'S GUIDE, PAGE 3

Choose the Bodily Injury Liability Limits that you want:

\$15,000/30,000 ____ \$25,000/50,000 ____ \$50,000/100,000 ____ \$100,000/300,000 ____
\$250,000/500,000 ____ \$500,000/500,000 ____

PROPERTY DAMAGE LIABILITY – BUYER'S GUIDE, PAGE 3

Choose the Property Damage Limit you want:

\$5,000 ____ \$25,000 ____ \$50,000 ____ \$100,000 ____ \$250,000 ____ \$300,000 ____
\$500,000 ____

COMBINED SINGLE LIMIT

If you have not chosen separate limits for Bodily Injury **and** Property Damage above, select one of the Combined Single Limits which follow:

\$100,000 ____ \$300,000 ____ \$500,000 ____

PERSONAL INJURY PROTECTION (PIP) – BUYER’S GUIDE, PAGE 3

- 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 4% to 5%, or a \$105 to \$131, reduction in the PIP premium
- \$75,000* for a 9% to 10%, or a \$236 to \$262, reduction in the PIP premium
- \$50,000* for a 14% to 15%, or a \$367 to \$393, reduction in the PIP premium
- \$15,000* for a 37% to 40%, or a \$971 to \$1,049, 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.

CHOOSE THE PIP MEDICAL EXPENSES DEDUCTIBLE YOU WANT:

- \$250 deductible, minimum required by law.
- \$500 deductible, for a 1% to 2%, or a \$26 to \$52, reduction in the PIP premium.
- \$1,000 deductible, for a 4% to 6%, or a \$105 to \$157, reduction in the PIP premium.
- \$2,000 deductible, for a 7% to 10%, or a \$184 to \$262, reduction in the PIP premium.
- \$2,500 deductible, for a 9% to 12%, or a \$236 to \$315, reduction in the PIP premium.

HEALTH INSURER FOR PIP OPTION

- I choose the health insurer for PIP option – **Buyer’s Guide, page 5.**
Check with your employer or health insurer to see if you are eligible. Medicare and Medicaid will not provide this coverage.

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

1. _____

Policy/Group #/Certificate # _____

2. _____

Policy/Group #/Certificate # _____

- No, I do not want the health insurer for PIP option.

EXTRA PIP PACKAGE COVERAGE OPTIONS

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits - **Buyer’s Guide, page 5.**

You may choose not to have the Extra PIP Package benefits for a 3% to 50% savings, or a \$26 to \$730 reduction in the Base 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. **Buyer’s Guide, page 5.**

OPTION	INCOME BENEFIT		ESSENTIAL SERVICES BENEFIT		DEATH BENEFIT	FUNERAL BENEFIT
	WEEKLY	TOTAL	PER DAY	TOTAL	TOTAL	TOTAL
S1	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
S2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
S3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
S4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
S5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
S6	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
S7	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
S8	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
S1U	\$100	<i>Unlimited</i>	\$12	\$8,760	\$10,000	\$2,000
S2U	\$125	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S3U	\$175	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S4U	\$250	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S5U	\$400	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S6U	\$500	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S7U	\$600	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S8U	\$700	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000

- I choose Extra PIP Package S from the above table.
- In addition to the named insured(s), please provide Extra PIP coverage for the following resident relatives:
 1. _____, 2. _____,
 3. _____, 4. _____

UNINSURED/UNDERINSURED MOTORIST COVERAGE – BUYER’S GUIDE, PAGE 6

Select EITHER separate limits for Bodily Injury and Property Damage Uninsured/Underinsured Motorist **OR** a Combined Single Limit Uninsured/Underinsured Motorist.

You may choose one of the following limits of Bodily Injury Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury Liability Insurance Limit or \$500,000/500,000 -- whichever is less.

- \$15,000/30,000 ___ \$25,000/50,000 ___ \$50,000/100,000 ___ \$100,000/300,000 ___
 \$250,000/500,000 ___ \$500,000/500,000 ___

You may choose one of the following limits of Property Damage Uninsured/Underinsured Motorist Coverage, up to your Property Damage Liability Insurance Limit or \$500,000 -- whichever is less.

- \$5,000 ___ \$25,000 ___ \$50,000 ___ \$100,000 ___ \$250,000 ___ \$300,000 ___
 \$500,000 ___

COMBINED SINGLE LIMIT

If you have not chosen separate limits for Bodily Injury and Property Damage Uninsured/Underinsured Motorist Coverage above, select one of the Combined Single Limits which follow:

- \$100,000 ___ \$300,000 ___ \$500,000 ___

COLLISION COVERAGE – BUYER’S GUIDE, PAGE 6

Note: You must buy Comprehensive Coverage for a car in order to be able to purchase Collision Coverage for that car.

- No. I choose not to be covered for collision damage to the following vehicles:
- vehicle _____ (enter year/make)
- vehicle _____ (enter year/make)
- 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 indicated on the Personal Auto Application Form.
- Yes, I choose to be covered for collision damage with the deductible circled here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from company or insurance producer (i.e., agent or broker).
- Yes, I choose to be covered for collision damage with the deductible circled here: \$100, \$150, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from company or insurance producer.

COMPREHENSIVE COVERAGE – BUYER’S GUIDE, PAGE 6

- No. I choose not to be covered for comprehensive damage to the following vehicles:
- vehicle _____ (enter year/make)
- vehicle _____ (enter year/make)
- 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 indicated on the Personal Auto Application Form.
- Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from company or insurance producer.
- Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$100, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from company 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 7

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be 170% to 175% 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 \$195 to \$1,466 higher on each semi-annual renewal of my policy if I select the No Limitation on Lawsuit option instead of the Limitation on 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 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, 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 day 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 insurance producer prior to the renewal date.

FRAUD WARNING

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

FOR NEW POLICIES, YOU MUST ALWAYS RETURN ALL 6 PAGES OF THE COVERAGE SELECTION FORM. FOR CHANGES UPON RENEWAL AND MID-TERM POLICY CHANGES, PLEASE REFER TO PAGE 1 OF THE COVERAGE SELECTION FORM.