

## NEW JERSEY AUTOMOBILE SUPPLEMENTAL APPLICATION

### UNINSURED/UNDERINSURED MOTORISTS COVERAGE

The following is a general description of uninsured and underinsured motorists coverage. Only your policy provides you with a complete description of the coverages and their limitations.

#### UNINSURED MOTORISTS COVERAGE (UM)

This coverage provides you and all covered persons with bodily injury protection if injured in an accident with a driver who has no liability insurance, or has failed to post a bond, and who is legally liable for your damages. The coverage also provides protection if you are injured as a result of a hit-and-run accident.

#### UNDERINSURED MOTORISTS COVERAGE (UIM)

This coverage provides you and all covered persons with bodily injury protection if injured in an accident with a driver who has liability insurance with limits lower than the Underinsured Motorists limits you have selected and who is legally liable for damages. In this case, your Underinsured Motorists Coverage would pay for damages, to which you are legally entitled, after the other driver's liability limits are exhausted.

Courts in many states have held the UM/UIM coverages are valuable coverages which are available for a relatively modest premium. Uninsured and underinsured motorist coverage will pay all sums the insured is legally entitled to recover as compensatory damages from the owner or driver of an uninsured or underinsured motor vehicle. The damages must result from bodily injury sustained by the insured or property damage caused by an accident.

Protection against underinsured and uninsured motorists insurance will be afforded at a limit not less than the financial responsibility requirements of this state. You have the option to select limits up to the bodily injury liability limits of the policy.

Please indicate below your coverage selection.

I select uninsured/underinsured motorists coverage at the same limits as the financial responsibility requirements of this state.

I wish to select other limits or split limits as indicated below.

#### Uninsured/Underinsured Motorists Coverage

Combined Single Limit \_\_\_\_\_ or Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_  
Each Person \_\_\_\_\_ Each Accident \_\_\_\_\_  
Each Accident \_\_\_\_\_

I wish to select uninsured/underinsured motorists coverage limits equal to the bodily injury liability limits of the policy.

### PERSONAL INJURY PROTECTION COVERAGE

Under New Jersey statute, there are various options available to the insured for his personal injury protection (PIP) coverage for individually owned autos. Please indicate your selection below as indicated.

#### 1. Lawsuit Threshold

This option applies only to the named insured, spouse and children living with the named insured. You have the option to eliminate your statutory right to recover in tort for noneconomic loss. Your policy will automatically include the option eliminating the right to recover for noneconomic loss unless you opt to buy back full tort rights at an increased premium. The lawsuit threshold is a "verbal threshold" because it uses words, rather than a dollar amount

of medical bills, to describe when a suit may be filed. If you select this limitation, the named insured, spouse and children living with the named insured will not be able to sue unless the injury sustained appears on this list: "death; dismemberment; significant disfigurement; a fracture; loss of a fetus; permanent loss of use of a body organ, member, function or system; permanent consequential limitation of use of a body organ or member, significant limitation of use of a body function or system; or a medically determined injury or impairment of a non-permanent nature which prevents the injured person from performing substantially all of the material acts which constitute that person's usual and customary daily activities for not less than 90 days during the 180 days immediately following the occurrence of the injury or impairment."

You can reject this threshold and retain the right to sue for any auto-related injury.

Under state law you must choose either the lawsuit threshold or the no threshold option. Your options are:

Lawsuit Threshold       No Threshold

If you do not select one of the above options, you are deemed to have elected the Lawsuit Threshold.

2. Medical Expense Benefits Deductible

There is a mandatory \$250 PIP deductible for medical expense benefits applicable on a per accident basis, regardless of the number of eligible injured persons. You may select a higher deductible. Please indicate if you wish to select a higher deductible.

\$500       \$1,000       \$2,500

3. Deletion of Benefits Other Than Medical Expenses

You may select the option to eliminate all non-medical expense personal injury protection benefits with respect to the named insured and each relative.

Reject this Option       Select this Option

4. Extended Medical Expense Benefits

Additional extended medical expense coverage may be selected for \$9,000 over the \$1,000 medical expense coverage already provided under the policy.

Reject this Option       Select this Option

5. PIP Coverage Medical Expense Benefits-as-Secondary Option

This coverage applies only to individual named insureds with private passenger type automobiles.

You may select your own health insurance coverage or benefits as primary coverage for payment of PIP medical expense benefits in consideration of a reduction of premium. This applies only to the named insured and resident relatives who are not named insureds on another auto policy. If you select this option, please indicate your insurance carrier, the policy number and term.

If the named insured, or resident relative, who elected medical expense benefits as secondary does not have health coverage in effect at the time of an accident, the automobile insurer must pay medical expense benefits. It is understood, however, that the named insured or resident relative is responsible for the payment of any deductible required by law or otherwise selected, any copayment required by law and an additional deductible in the amount of \$750 per accident.

I select Medical Expense benefits as secondary to my health insurance benefits. My health insurer is \_\_\_\_\_ and my policy number and term are \_\_\_\_\_.

I wish to retain my Medical Expense benefits as primary.

6. Additional Personal Injury Protection

You have the option to select additional personal injury protection coverage. This coverage does not apply to insureds who have chosen to eliminate non-medical expense benefits. This coverage only applies to the named insured including spouse.

a. Two-Year Benefit Income Continuation and Essential Services Benefits

<u>Select One</u>	<u>Option</u>	<u>Weekly</u>	<u>Total Aggregate Income Benefit</u>	<u>Per Day</u>	<u>Total Aggregate Essential Services Benefit</u>	<u>Death Benefit</u>	<u>Funeral Benefit</u>
<input type="checkbox"/>	1	\$100	\$10,400	\$12	\$ 8,760	\$10,000	\$2,000
<input type="checkbox"/>	2	125	13,000	20	14,600	10,000	2,000
<input type="checkbox"/>	3	175	18,200	20	14,600	10,000	2,000
<input type="checkbox"/>	4	250	26,000	20	14,600	10,000	2,000
<input type="checkbox"/>	5	400	41,600	20	14,600	10,000	2,000
<input type="checkbox"/>	6	500	52,000	20	14,600	10,000	2,000
<input type="checkbox"/>	7	600	62,400	20	14,600	10,000	2,000
<input type="checkbox"/>	8	700	72,800	20	14,600	10,000	2,000

The options shown below for Added PIP are available to this named insured.

b. Extended income Continuation Benefits/Two-Year Essential Services Benefits.

<u>Select One</u>	<u>Option</u>	<u>Weekly</u>	<u>Total Aggregate Income Benefit</u>	<u>Per Day</u>	<u>Total Aggregate Essential Services Benefit</u>	<u>Death Benefit</u>	<u>Funeral Benefit</u>
<input type="checkbox"/>	9	\$100	Unlimited	\$12	\$ 8,760	\$10,000	\$2,000
<input type="checkbox"/>	10	125	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	11	175	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	12	250	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	13	400	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	14	500	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	15	600	Unlimited	20	14,600	10,000	2,000
<input type="checkbox"/>	16	700	Unlimited	20	14,600	10,000	2,000

You have the option to extend personal injury protection to resident relatives.

I select this option

Name of resident relative(s) \_\_\_\_\_

I understand these coverage selections will apply to all future renewals, continuations, and changes in my policy unless I notify you otherwise.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Policy Number