

Palisades Safety and Insurance Association
STANDARD POLICY COVERAGE SELECTION FORM
New Jersey

Name:

Policy # :

Check here if no changes are to be made from your present coverages. Sign where indicated at the end of this form.

Vehicle #1	Vehicle #2	Vehicle #3

This Coverage Selection Form is for a **STANDARD POLICY**, see **Buyer's Guide, Page 4**. A **BASIC POLICY** with the minimum of required coverages is also available from PALISADES INSURANCE COMPANY for a lower premium. A **SPECIAL POLICY** with a very low premium is available for persons enrolled in Medicaid. Contact your agent for more information. Additional information concerning coverages or premiums is available by contacting us at (877) 725-6423.

For new business, you must choose one option for each item below. For changes upon renewal and mid-term policy changes, you must use this form when you: (1) elect the "No-Threshold" option; (2) change from the "No-Threshold" option; (3) designate your health insurer to be the primary insurer to pay for your auto accident-related medical bills; (4) designate your auto insurance carrier to be the primary insurer for your auto accident-related medical bills; (5) elect a change in the PIP medical expense coverage limit; or (6) elect a change from a BASIC to a STANDARD policy.

1. BODILY INJURY LIABILITY AND COMBINED SINGLE LIMIT LIABILITY – Buyer's Guide, Page 2

Choose the Bodily Injury or Combined Single Limit of Liability that you want:

- | | |
|--|---|
| <u>Bodily Injury</u> | <u>Combined Single Limit</u> |
| <input type="checkbox"/> \$50,000 per person / \$100,000 per accident | <input type="checkbox"/> \$100,000 per accident |
| <input type="checkbox"/> \$100,000 per person / \$300,000 per accident | <input type="checkbox"/> \$300,000 per accident |
| <input type="checkbox"/> \$250,000 per person / \$500,000 per accident | <input type="checkbox"/> \$500,000 per accident |
| <input type="checkbox"/> \$500,000 per person / \$500,000 per accident | |

2. PROPERTY DAMAGE LIABILITY - Buyer's Guide, Page 2

Choose the Property Damage Limit of Liability that you want. If you selected Combined Single Limit in Item 1, do not choose a limit for Property Damage Liability.

- \$25,000 per accident
 \$50,000 per accident
 \$100,000 per accident
 \$250,000 per accident

3. PERSONAL INJURY PROTECTION (PIP) - Buyer's Guide, Page 2

- 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 9.0% to 10.7% reduction in the PIP premium.
 \$75,000* for a 15.8% to 19.4% reduction in the PIP premium.
 \$50,000* for a 17.5% to 21.4% reduction in the PIP premium.
 \$15,000* for a 22.2% to 27.2% 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.

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Choose the PIP Medical Expenses Deductible you want:

- \$250 deductible, minimum required by law.
- \$500 deductible for a 3.4% to 3.8% reduction in the PIP premium.
- \$1,000 deductible for a 10.3% to 12.6% reduction in the PIP premium.
- \$2,000 deductible for a 13.4% to 16.5% reduction in the PIP premium.
- \$2,500 deductible for a 19.8% to 24.3% reduction in the PIP premium.

Health Insurer for PIP Option

- I choose the health insurer for PIP option – **Buyer’s Guide, Page 5.**

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 - **Buyer’s Guide, Page 5.**

You may choose not to have the Extra PIP Package benefits for a 4.7% to 5.8% savings in the PIP premium. This choice is called PIP Medical Expense Only.

- 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.** The options are summarized in the table below.

Option	Income Benefit		Essential Services		Added PIP Death Benefit	Funeral Benefit
	Weekly	Total	Daily	Total		
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	8,760	10,000	2,000
10	125	Unlimited	20	14,600	10,000	2,000
11	175	Unlimited	20	14,600	10,000	2,000
12	250	Unlimited	20	14,600	10,000	2,000
13	400	Unlimited	20	14,600	10,000	2,000
14	500	Unlimited	20	14,600	10,000	2,000
15	600	Unlimited	20	14,600	10,000	2,000
16	700	Unlimited	20	14,600	10,000	2,000

For additional information about coverage and premiums, contact your agent.

- I choose higher limits for the Extra PIP Package. I choose higher limits option # _____.

Names of Resident Relatives to be covered: _____

- I do not choose higher limits for the Extra PIP Package.

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4. UNINSURED/UNDERINSURED MOTORISTS COVERAGE - Buyer's Guide, Page 2

You may choose one of the following higher limits of Uninsured/Underinsured Motorist Coverage, up to your (1) Bodily Injury and Property Damage Limits of Liability, or (2) Combined Single Limit of Liability. If you make selections below for Bodily Injury, and a Property Damage Limit is not selected, \$5,000 of Property Damage coverage will be provided.

Bodily Injury (per person/per accident)	Property Damage (per accident)	Combined Single Limit (per accident)
<input type="checkbox"/> \$15,000/\$30,000	<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$25,000/\$50,000	<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$50,000/\$100,000	<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$35,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$300,000
<input type="checkbox"/> \$500,000		<input type="checkbox"/> \$500,000

5. COLLISION COVERAGE - Buyer's Guide, Page 3

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
No, I choose not to be covered for Collision damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I choose to be covered for Collision damage with the default \$750 deductible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I choose to be covered for Collision damage with the deductible checked here. I have chosen:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000
This premium will be less than the premium with the default \$750 deductible. Details are available from your agent.			
Yes, I choose to be covered for Collision damage with the deductible checked here. I have chosen:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500

This premium will be more than the premium with the default \$750 deductible. Details are available from your agent.

6. COMPREHENSIVE COVERAGE - Buyer's Guide, Page 3

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
No, I choose not to be covered for Comprehensive damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I choose to be covered for Comprehensive damage with the default \$750 deductible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, I choose to be covered for Comprehensive damage with the deductible checked here. I have chosen:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,500
	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,000
This premium will be less than the premium with the default \$750 deductible. Details are available from your agent.			
Yes, I choose to be covered for Comprehensive damage with the deductible checked here. I have chosen:	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150
	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500

This premium will be more than the premium with the default \$750 deductible. Details are available from your agent.

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.

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LAWSUIT OPTIONS - Buyer's Guide, Page 8

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on lawsuit Option. My bodily injury liability premium will be 156% to 185% 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 \$159 to \$3,189 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 agent 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 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.

8. 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 under my policy and to each subsequent renewal, continuation, replacement or amendment until Palisades or my insurance agent with Palisades' binding authority 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 or Comprehensive coverage without making a written choice for Collision deductible, or Comprehensive deductible, I will receive the default \$750 deductible;
- (c) if I do not choose to have my health insurer provide PIP medical expense benefits coverage, 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 on this form, 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 policy;
- (2) for **mid-term policy changes**, on the day following the date of postmark or, when personal delivery is made or if the postmark is illegible, the day following receipt of this Form by Palisades or by my insurance agent with Palisades' binding authority; and
- (3) for **changes upon renewal**, on the date of the next policy renewal if postmarked or received by Palisades or by my insurance agent with Palisades' binding authority prior to the renewal date.

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: