

CURE STANDARD POLICY COVERAGE SELECTION FORM

Name of Applicant/Subscriber ~ _____ Policy No ~ _____
(PLEASE PRINT)

THIS COVERAGE SELECTION FORM IS FOR A STANDARD POLICY.
see Buyer's Guide, page 2, 3 and 12

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 CURE for more information.

LIABILITY COVERAGE, see Buyers Guide, page 2 and 3.

Choose one set of limits from each category below that you want for Bodily Injury Liability and one for Property Damage Liability.

Bodily Injury Liability

Property Damage Liability

- | | | | |
|---|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> \$15,000/\$30,000 | <input type="checkbox"/> \$100,000/\$200,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$25,000 |
| <input type="checkbox"/> \$20,000/\$40,000 | <input type="checkbox"/> \$100,000/\$300,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$35,000 |
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$250,000/\$500,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$50,000 |
| <input type="checkbox"/> \$50,000/\$100,000 | | <input type="checkbox"/> \$20,000 | <input type="checkbox"/> \$100,000 |

PERSONAL INJURY PROTECTION (PIP)-see 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 2% to 4% reduction in the PIP premium
- \$75,000* for a 10% to 12% reduction in the PIP premium
- \$50,000* for a 12% to 15% reduction in the PIP premium
- \$15,000* for a 25% to 32% 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% reduction in the PIP premium.
- \$1,000 deductible, for a 5% to 6% reduction in the PIP premium.
- \$2,000 deductible, for a 8% to 11% reduction in the PIP premium.
- \$2,500 deductible, for a 11% to 15% reduction in the PIP premium.

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HEALTH INSURER FOR PIP OPTION

I choose the health insurer for PIP option-see Buyer's Guide, page 7.

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

1. _____

2. _____

Policy/Group #/Certificate #

Policy/Group #/Certificate #

EXTRA PIP PACKAGE COVERAGE OPTIONS, see Buyer's Guide, page 7.

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 1% to 2% savings in the 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, see Buyer's Guide page 7.

UNINSURED/UNDERINSURED MOTORIST COVERAGE- see Buyer's Guide, page 8

Choose one set of limits from each category of the following limits of Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury and Property Damage Liability Insurance Limits.

Bodily Injury

Property Damage

- \$15,000/\$30,000
- \$20,000/\$40,000
- \$25,000/\$50,000
- \$50,000/\$100,000

- \$100,000/\$200,000
- \$100,000/\$300,000
- \$250,000/\$500,000

- \$5,000 \$25,000
- \$10,000 \$35,000
- \$15,000 \$50,000
- \$20,000 \$100,000

PHYSICAL DAMAGE COVERAGES

COLLISION AND OTHER THAN COLLISION (COMPREHENSIVE) COVERAGES ARE OPTIONAL. IF YOU WISH TO DECLINE A COVERAGE, PLEASE MARK "NO" WHERE INDICATED FOR EACH AUTO.

The standard deductible for the optional "Other Than Collision" and Collision coverages is \$750.

For a higher premium, you may choose a **lower deductible** of \$100, \$150, \$200, \$250 or \$500.

For a lower premium, you may choose a **higher deductible** of \$850, \$1,000, \$1,500, or \$2,000.

Please call CURE for details if you desire information on the costs of the available deductible options.

COLLISION COVERAGE-see Buyers Guide page 8 and 9.

Do you choose "Collision" coverage? (If Collision is desired, you must also purchase "Other than Collision" coverage.) Please complete for each auto:

- | | | | | | | |
|--------|--------------------------|-----------|--------------------------|-----------------------------|--------------------------|-------------------------------|
| Auto 1 | <input type="checkbox"/> | NO | <input type="checkbox"/> | Yes, with \$750 deductible. | <input type="checkbox"/> | Yes, with \$_____ deductible. |
| Auto 2 | <input type="checkbox"/> | NO | <input type="checkbox"/> | Yes, with \$750 deductible. | <input type="checkbox"/> | Yes, with \$_____ deductible. |
| Auto 3 | <input type="checkbox"/> | NO | <input type="checkbox"/> | Yes, with \$750 deductible. | <input type="checkbox"/> | Yes, with \$_____ deductible. |
| Auto 4 | <input type="checkbox"/> | NO | <input type="checkbox"/> | Yes, with \$750 deductible. | <input type="checkbox"/> | Yes, with \$_____ deductible. |

"OTHER THAN COLLISION" (COMPREHENSIVE) COVERAGE - see Buyer's Guide page 8 and 9.

Do you choose "Other than Collision" coverage? Please complete for each auto:

Auto 1	<input type="checkbox"/>	NO	<input type="checkbox"/>	Yes , with \$750 deductible.	<input type="checkbox"/>	Yes , with \$_____ deductible.
Auto 2	<input type="checkbox"/>	NO	<input type="checkbox"/>	Yes , with \$750 deductible.	<input type="checkbox"/>	Yes , with \$_____ deductible.
Auto 3	<input type="checkbox"/>	NO	<input type="checkbox"/>	Yes , with \$750 deductible.	<input type="checkbox"/>	Yes , with \$_____ deductible.
Auto 4	<input type="checkbox"/>	NO	<input type="checkbox"/>	Yes , with \$750 deductible.	<input type="checkbox"/>	Yes , with \$_____ deductible.

WARNING: You may not be able to add "other than collision" (comprehensive) or collision coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having the vehicle inspected; call CURE for details.

WARNING: Insurers or Reciprocal Exchanges 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 Reciprocal Exchanges 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 or Reciprocal Exchanges, 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.

OTHER COVERAGES

Do you choose Towing and Labor Coverage (available only if you carry "other than collision")?

NO **YES**, \$25 per disablement. **YES**, \$50 per disablement. **YES**, \$75 per disablement.

Do you choose Extended Transportation Expenses Coverage (available only if you carry "other than collision")?

NO **YES**, up to \$15 per day to a maximum of \$450.

YES, up to \$30 per day to a maximum of \$900.

Extended Medical Expense Benefits Coverage up to \$10,000 will be automatically provided at an additional charge of \$1.00 per car.

LAWSUIT OPTIONS, see Buyer's Guide, page 10 and 11.

I want the Limitation on Lawsuit Option.

I want the No Limitation on Lawsuit Option.

My Bodily Injury liability premium will be 88% to 135% 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 \$75 to \$1,240 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 CURE for specific details.

WARNING: Insurance companies or Reciprocal Exchanges 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 Reciprocal Exchanges 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 or Reciprocal Exchanges, 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 "other than collision" (comprehensive) coverage without making a written choice of deductible, I will receive the \$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 date 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 CURE; and
- (3) For changes upon renewal, on the date of the next policy renewal if postmarked or received by CURE prior to the renewal date.

PLEASE READ, SIGN AND RETURN THIS FORM TO CURE TODAY.

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, the 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 Applicant/Subscriber _____ Date _____



For Information or Assistance, Please Call 1-800-535-CURE (2873)