

CURE BASIC POLICY COVERAGE SELECTION FORM

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

THIS COVERAGE SELECTION FORM IS FOR A BASIC POLICY.
see Buyer's Guide page 4, 5 and 10

A STANDARD POLICY with more coverages and higher limits is also available for a higher premium.
A SPECIAL POLICY with a very low premium is also available for persons enrolled in Medicaid.
Contact NJ CURE for more information.

BODILY INJURY LIABILITY-see Buyer's Guide page 2.

- ☐ Yes, I choose the \$10,000 Bodily Injury Liability Limit.
- ☐ No, I do not choose to have Bodily Injury Liability Coverage.

WARNING: If you do not choose to have Bodily Injury Liability Coverage and you are at fault in an accident where people are injured or die, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. CURE will not pay a judgment against you or pay for a lawyer to defend you if you are sued. Your assets will be at risk, including having money deducted from your wages if a judgment is entered against you.

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 to purchase a basic policy instead of a standard policy, or if you choose not to purchase bodily injury liability coverage, collision coverage or "other than collision" (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.

PERSONAL INJURY PROTECTION-see Buyer's Guide page 2.

WARNING: For a BASIC POLICY, the limit on PIP Medical Expense Coverage is \$15,000 but includes up to \$250,000 for emergency care of certain catastrophic injuries (See Buyer's Guide page 2). Prior to March 22, 1999, all automobile insurance policies had PIP Medical Expense limits of \$250,000. The PIP Medical Expense Coverage for a BASIC POLICY is significantly less than previously required by law.

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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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 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	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 2	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 3	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 4	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.

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

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

Auto 1	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 2	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 3	☐ NO	☐ Yes , with \$750 deductible.	☐ Yes , with \$_____ deductible.
Auto 4	☐ NO	☐ Yes , with \$750 deductible.	☐ 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.

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.

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STATEMENT OF INSURED or APPLICANT

I have read the Buyer's Guide outlining the coverage options available to me. I understand that this is a BASIC POLICY with the minimum coverages required by law and that a Standard Policy with higher limits and additional coverages is available. The option to buy Bodily Injury Liability Coverage has 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) Unless I choose to have the \$10,000 Bodily Injury Liability Coverage, I will not receive any Bodily Injury Liability Coverage;
- (b) If I choose collision or "other than collision" (comprehensive) coverage without making a written choice of deductible, I will receive the \$750 deductible;

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

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 _____

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