



**214 CARNEGIE CENTER, SUITE 301  
PRINCETON, NJ 08540**

Manuel Peguero  
250 W Jersey St Apt A3  
Elizabeth, NJ 07202-1347

NJ - Standard Policy  
 Requested Effective Date:  
 02/20/2024 12:01 AM

## Named Insured(s) & Address:

Manuel A Peguero  
 250 W Jersey St Apt A3  
 Elizabeth, NJ 07202-1347

## Attorney In Fact, R.M.C.

Reciprocal Management Corp  
 214 Carnegie Center, Suite 301  
 Princeton, NJ 08540  
 Phone: (800) 535-2873

Base Premium	\$1,810.00
Roadside Assistance	\$15.00
Surplus Contribution	\$183.00
Organizational Fee	\$18.00
PLIGA Surcharge	\$9.00
<b>Total Policy Premium</b>	<b>\$2,035.00</b>

## Named Insured(s), Drivers, & Residents

Drv. #	Veh#	Driver Name	License Number	DOB	Sex	Mar	Prin
1	1	Manuel A Peguero	P22345166107852	07/14/1985	M	S	P
2		Aumidia F Peguero	N/A	02/14/1952	F		N/A

## Accidents and Violations and Suspensions

Drv. #	Name	Type	Points	Date	Surcharged?
1	Manuel A Peguero	Violation	0	06/15/2022	No

## Manuel A Peguero, 07/14/1985 Questions

Driver's License Status?	Valid
Is the driver a member of any branch of military?*	No
Does the driver have a disorder or condition that may impair their ability to safely operate a motor vehicle, including but not limited to Narcolepsy, Syncope, Blindness, or Seizures?*	No
Does this driver have any mental or physical impairments, other than listed above, that would impair their ability to operate a motor vehicle safely? (Not including prescription eyeglasses or contact lenses.)*	No
Has this driver been licensed under a different name within the past 36 months?*	No
Has this driver been licensed in another state or country within the past 36 months?*	No
What is this driver's occupation?*	na
Employer Status	Unemployed
Does this driver reside in the same household as the applicant?*	Yes
Has this driver received any Moving Violations and/or been in any Accidents or Claims in the last 36 months, regardless of fault?*	Yes
Has this driver's license been suspended or in a suspended status in the last 36 months?*	No

**Aumidia F Peguero, 02/14/1952 Questions**

I hereby certify that the answers to the questions listed above are true and accurate to the best of my knowledge\*



**Aumidia F Peguero, 02/14/1952 Questions**

Relationship to Applicant or Spouse\*

Parent

Does this household member have a valid New Jersey driver's license?\*

Yes

If yes, what is the driver's license number?

Does this household member maintain his/her own auto insurance?\*

Yes

If yes, Name of Insurance Carrier\*

Carrier Not Known

Has this household member been licensed under a different name within the past 36 months?\*

No

Has this household member been licensed in another state or country within the past 36 months?\*

No

Has this household member had any Moving Violations or Driver's License Suspensions in the last 36 months?\*

No

List the Driver's License Suspensions for this household member in the last 36 months\*

None Listed

List the Driver's License Suspensions for this household member in the last 36 months\*

None Listed

I hereby certify that the answers to the questions listed above are true and accurate to the best of my knowledge\*



## Vehicle Summary

Veh #	Year, Make, & Model	Other Details	VIN	Grg Loc.
2	2016 VOLKSWAGEN TIGUAN 4MOTION	Financed (Loan)	WVGVBV7AXXGW577216	1

## Garaging Location(s)

1. 250 W Jersey St Apt A3, Elizabeth, NJ 07202-1347

## 2016 VOLKSWAGEN TIGUAN 4MOTION (Vehicle No. 2 • PrivatePassengerAuto)

**Airbags:** Driver and Passenger Side Airbags • **Anti-lock Brakes:** Yes • **Usage:** Drive to work less than 10 miles • **Tier:** 1 • **Class:** 8112 •  
**Symbol(s):** 22/26 • **Anti-Theft Device:** Passive Disabling • **Territory:** 255

Coverage	Limit or Deductible	Premium
Bodily Injury	\$25,000 Per Person/\$50,000 Per Accident	\$305.00
Lawsuit Threshold Applies		
Property Damage	\$25,000 Per Accident	\$286.00
Uninsured/Underinsured Motorist Protection – Bodily Injury	\$25,000 Per Person/\$50,000 Per Accident	\$13.00
Uninsured/Underinsured Motorist Protection – Property Damage	\$25,000 Per Person	\$8.00
Medical Payment	\$10,000 Per Accident	\$1.00
Personal Injury Protection		\$236.00
Medical Expense Benefits:	\$15,000 Per Person/Per Accident PIP Medical	
Subject to Medical Expense Deductible:	\$2,000	
Income Continuation Benefit:	Up to \$100 Per Week Or Up To \$5,200 Total	
Essential Services Benefit:	Up to \$12 Per Day Or Up To \$4,380 Total	
Death Benefits Not To Exceed:	\$9,580	
Funeral Expense Benefit Not To Exceed:	\$1,000	
Health Insurance Primary?	No	
Other Than Collision	\$1,000 Deductible	\$208.00
Collision	\$1,000 Deductible	\$708.00
Extended Transportation Expense	\$30 Per Day/\$900 Max	\$45.00
Roadside Assistance Coverage of up to \$125 per incident will be automatically provided.		

**Roadside Assistance Coverage of up to \$125 per incident will be automatically provided.**

**Total Vehicle Premium:** \$1,810.00

## 2016 VOLKSWAGEN TIGUAN 4MOTION Questions

Is this vehicle registered in the state of New Jersey?*	Yes
Is this vehicle parked overnight at 250 W Jersey St Apt A3, Elizabeth, NJ 07202-1347?*	Yes
The standard factory equipped anti-theft system devices will automatically be applied, does this vehicle carry an additional alarm or recovery device?*	Passive Disabling

## 2016 VOLKSWAGEN TIGUAN 4MOTION Questions

Does vehicle have any modifications or customization?*	No
Is this a commercial vehicle?*	No
Is this vehicle used for commercial purposes, including but not limited to:	
a. limousine, taxi, or other delivery services other than through transportation network companies;	
b. in the business of pickup or delivery of magazines, newspapers, food, or any other products;	
c. emergency services?	
d. and/or to plow snow for compensation? *	No
Does the applicant or any driver on the application lease or rent this vehicle to others?*	No
What is the vehicle's license plate number?	
Is this vehicle owned, leased or financed?*	Financed
If financed, is this vehicle co-owned?*	No
If financed, in what name is this vehicle registered, or going to be registered?*	Self
I hereby certify that the answers to the questions listed above are true and accurate to the best of my knowledge*	<input checked="" type="checkbox"/>

### Discounts

Passive Restraint Discount	Veh 2
Parking Discount	Veh 2
Anti-Theft Device Discount	Veh 2

### Additional Interests

Interested Party	Address	Veh No.	VIN
Loss Payee	PO Box 182673	2	WVGVBV7AXXGW577216
Capital One Auto Finance	Sacramento, CA 95865		

Underwriting Questions

Is there another member of the household insured with CURE?*	No
Has the applicant had any other insurance policies with CURE in the past 36 months?*	No
Has any policy been declined, canceled or non-renewed in the past 36 months?*	No
Are there any private passenger automobiles owned by the applicant/spouse or listed driver NOT included on this application?*	No
Has any driver listed on the application ever been convicted of a criminal offence for, or has had any civil or administrative penalty, fine, or order of restitution in excess of \$100 imposed for automobile insurance fraud?*	No
I hereby certify that the answers to the questions listed above are true and accurate to the best of my knowledge*	<input checked="" type="checkbox"/>
I attest and agree that I am contracting with the Attorney-in-Fact as an unrelated party under the conditions set forth in the Power of Attorney. I further attest and understand that the Attorney-in-Fact fees which I agree to pay out of my premium costs will be collected on my behalf by the Exchange for my convenience. The fees are collected solely for the purpose of transferring them directly to the Attorney-in-Fact. I further agree that, if Attorney-in-Fact, at its sole discretion, voluntarily reduces the Attorney-in-Fact fees below the full amount of 12.5% of my premium that it is entitled to receive under the Power of Attorney, it is doing so without any prejudice to Attorney-in-Fact's right to increase such Attorney-in-Fact fees up to the full amount at a future date.*	<input checked="" type="checkbox"/>

### Power of Attorney

1. The undersigned subscriber HEREBY offers to exchange reciprocal insurance contracts with other subscribers at the Citizens United Reciprocal Exchange (CURE, hereinafter called the "Exchange"), organized pursuant to N.J.S.A. 17:50-1 et seq., and hereby appoints Reciprocal Management Corporation (RMC), a New Jersey corporation, as Attorney-in-Fact, through whom to exchange reciprocal insurance contracts with others in the name of the Exchange. The location of the office of the Attorney-in-Fact for the Exchange is Princeton, New Jersey, but may be changed by the Attorney-in-Fact upon notice to the subscriber and in compliance with any requirements of the Secretary of State and the Department of Banking & Insurance.
2. Subscriber understands and agrees that the reciprocal insurance contracts to be exchanged hereunder are non -assessable as provided for in N.J.S.A. 17:50-7 and that the Exchange shall have at the time of the issuance of a reciprocal insurance contract to subscriber, and shall thereafter maintain, a surplus of at least \$750,000.
3. Subscriber agrees to pay, in addition to premiums, an amount equal to 10% of the subscriber's total policy term premium for the first four years of membership, and an amount, required by the Exchange, of up to 10% of the total annual premium for each year thereafter, as a surplus contribution, for the benefit and protection of all subscribers. If, however, the subscriber is assigned to any J tier, subscriber agrees to pay, in addition to premiums, an amount equal to 20% of the subscriber's total annual premium for the first year of membership, and an amount, as required by the Exchange, of up to 10% of the total annual premium for each year thereafter, as a surplus contribution, for the benefit and protection of all subscribers. Return of surplus contributions can occur only after withdrawal from the Exchange and only with the approval of the Attorney-in-Fact and the Commissioner of Banking and Insurance. In any event, such return cannot be authorized prior to the satisfaction of the surplus requirements of the Exchange valued at the next following year-end valuation of assets and reserves.
4. Subscriber agrees to pay Attorney-in-Fact an "organizational charge" equal to 1% of subscriber's total policy term premium during each of subscriber's first four years of membership in the Exchange. Such amounts shall be used initially to pay the start-up charge of the Attorney-in-Fact for its services in forming, conducting initial solicitation, and obtaining a license for the Exchange. After the Attorney-in-Fact has received full payment of the start-up charge plus accrued interest it will credit all subsequently paid "organizational charges" to the surplus account of the Exchange for the benefit of all policyholders.
5. Subscriber authorizes Attorney-in-Fact, on subscriber's behalf, to issue, effect, modify and terminate reciprocal insurance contracts containing such terms and conditions as Attorney-in-Fact deems suitable for the purpose of exchanging with other subscribers any and all kinds of reciprocal insurance contracts for which the Exchange is authorized by law; to perform solicitation, underwriting, classification and rating of reciprocal insurance contracts; to collect monies due; to manage, invest and reinvest the funds of Exchange; to borrow money in the name of the Exchange; to give, waive or receive all notices and proofs of loss; to settle losses and claims; to effect reinsurance; to accept and authorize others to accept services of process and appear in behalf of subscriber in any suits, actions, or proceedings; to perform every lawful and appropriate act not herein specified that the subscriber or subscribers could individually or collectively perform in relation to contracts herein authorized; to enter into contracts with other corporations, individuals, or partnerships to perform one or more of the duties set forth above, such as, but not limited to, marketing and solicitation, claims handling, actuarial services, investment counseling; and to have such other powers and duties as are or may be required to properly and efficiently manage the affairs of the Exchange and to act on behalf of the subscriber.
6. Subscriber specifically authorizes the Attorney-in-Fact to act in subscriber's behalf and as the representative of subscriber in concert with all other subscribers, in any legal matter including any class actions which directly or individually involve matters of insurance or finance that have or may have, in the opinion of the Attorney-in-Fact, an adverse effect on the Exchange and constitutes an appropriate action for the benefit of the Exchange. Subscriber agrees that the costs of any such action shall be paid in full by the Exchange.
7. Subscriber authorizes Attorney-in-Fact, at its sole discretion, to return, or accrue for the benefit of each subscriber, savings realized from the exchange of contracts and the management of the Exchange and its funds and, for the purpose of apportioning savings between subscribers, Attorney-in-Fact shall divide subscribers by kinds of contracts exchanged, such as automobile or homeowners.
8. Subscriber authorizes payment of an amount not exceeding 12.5% of total policy term written premiums as compensation to the Attorney-in-Fact for overall management of the Exchange including, but without limitation, the provision of senior management, at the attorney's sole cost, for functions such as marketing and solicitation, underwriting, claims handling, internal legal and financial accounting, and regulatory compliance.
9. Subscriber authorizes Attorney-in-Fact to use the remaining portion of premium deposits and investment income derived from the funds of the Exchange (a) to establish loss and unearned premium reserves; (b) to pay losses and loss adjustment expenses; (c) to pay costs required for reinsurance premiums and expenses; fees for legal, actuarial, accounting and other consulting services; investment expenses; taxes; license fees and other fees; membership fees and costs of services of rating bureaus and trade associations; costs of bonding as required; costs of independent audits and regulatory examinations; costs of assessments for the Guaranty Fund or Unsatisfied Claim and Judgment Fund, or any other charges imposed by any regulatory or government agency of New Jersey or of the United States; for support services necessary for the functions identified in paragraph 8, and such other costs as may be necessary for the proper and efficient operation of the Exchange; and (d) together with paid-in surplus contributions, to maintain required surplus levels for the Exchange.
10. Subscriber understands and agrees that subscriber's liability incurred hereunder shall be individual and several, and shall not be joint.
11. Subscriber agrees that no officer or advisor of the Attorney-in-Fact or the Exchange shall be personally liable to the Exchange or its subscribers for any breach of duty owed to the Exchange or its subscribers, provided however that this provision shall not relieve an officer or advisor from liability for any breach of duty based on an act or omission (a) in breach of such person's duty of loyalty to the Exchange and its subscribers; (b) not done in good faith or involving a knowing violation of law; or (c) resulting in receipt by such person of an improper personal benefit. Such officers and advisors of the Attorney-in-Fact or the Exchange shall be entitled to indemnification and advancement of expenses subject to the same exceptions recited above. Subscriber is aware and agrees that the purpose of this provision is to give to such officers and advisors the same protection afforded by statute to officers and directors of for-profit corporations, not-for-profit corporations, banks, savings and loans and insurance companies domiciled in the State of New Jersey.
12. Subscriber agrees that this power of attorney is expressly limited to the uses and purposes herein expressed and to no other. This power of attorney shall remain in full force and effect, unless and until a modified form is required by the Attorney-in-Fact, so long as the subscriber remains a member in good standing of the Exchange. The power of attorney may be terminated by subscriber, or by the Attorney-in-Fact, by the termination of all reciprocal insurance contracts of the subscriber to which it applies, subject to the provisions of N.J.S.A. 17:50-1 et seq. and the

reciprocal insurance contracts. However, in respect to any claims involving the reciprocal insurance contract of subscriber and any other matter existing between the subscriber and the Exchange, or with third parties, the power of attorney is considered to be coupled with an interest and shall not be terminated by the subscriber until such matter or matters shall be finally settled or satisfied.

I hereby agree to the provisions of the foregoing Power of Attorney, which shall take effect and bind me only when my application is accepted and I become a subscriber of CURE.

I hereby declare that the statements on this application are true and request CURE to issue the reciprocal insurance contract applied for in reliance thereon and at rates based on these facts. I authorize the driving records OF ALL DRIVERS to be checked through the State Division of Motor Vehicles.

I affirm that I reside/domicile in New Jersey, I understand that I am eligible to be a subscriber / policyholder with CURE only if I remain a resident/domiciliary of the State of New Jersey. I understand and agree that when or if I no longer meet this requirement my reciprocal insurance contract will be invalid.

I acknowledge the only members who currently reside/domicile in my household are listed in this application, and if any additional person(s) become new residents/domiciliaries of my household, I will notify CURE in writing prior to such time.

I acknowledge that RMC, the Attorney-in-Fact for the subscribers of CURE, has informed me that the submission of complete and accurate application information to CURE is necessary for proper underwriting and rating of my application. I further acknowledge that the completeness and accuracy of this information is of the essence for the exchange of reciprocal insurance contract to be effective. I understand and agree that any material misrepresentation or omission by me in this application will void coverage from the inception date of the contract and/or cause the contract to be cancelled in accordance with any applicable laws.

**I understand that 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. I understand that any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**

**Applicant Signature:** ➡

**Date:**

---



## CURE STANDARD POLICY COVERAGE SELECTION FORM

Name of Applicant/Subscriber Manuel A Peguero  
(PLEASE PRINT)

Policy No PA0012345

### **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 Buyer's 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.

<b>Bodily Injury Liability</b>		<b>Property Damage Liability</b>	
<input checked="" type="checkbox"/> \$25,000/\$50,000	<input type="checkbox"/> \$100,000/\$300,000	<input checked="" type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
<input type="checkbox"/> \$50,000/\$100,000	<input type="checkbox"/> \$250,000/\$500,000	<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$100,000/\$200,000			

### **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 5% to 35%, or an \$11 to \$81 reduction in the PIP premium
- ☐ \$75,000\* for a 14% to 41%, or a \$32 to \$96 reduction in the PIP premium
- ☐ \$50,000\* for a 17% to 43%, or a \$41 to \$101 reduction in the PIP premium
- ☒ \$15,000\* for a 37% to 56%, or an \$86 to \$131 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 3% to 33%, or a \$6 to \$77 reduction in the PIP premium.
- ☐ \$1,000 deductible, for a 6% to 36%, or a \$15 to \$83 reduction in the PIP premium.
- ☒ \$2,000 deductible, for a 14% to 40%, or a \$32 to \$94 reduction in the PIP premium.
- ☐ \$2,500 deductible, for a 16% to 43%, or a \$39 to \$101 reduction in the PIP premium.

## CURE STANDARD POLICY COVERAGE SELECTION FORM

### 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 3% to 34%, or an \$8 to \$121 reduction 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 Liability**

- |                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$50,000/\$100,000           | <input type="checkbox"/> \$250,000/\$500,000 |
| <input type="checkbox"/> \$100,000/\$200,000          |                                              |

#### **Property Damage Liability**

- |                                              |                                    |
|----------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000  |
| <input type="checkbox"/> \$35,000            | <input type="checkbox"/> \$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.

## CURE STANDARD POLICY COVERAGE SELECTION FORM

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 ☐ NO ☐ Yes, with \$750 deductible. ☒ Yes, with \$1,000 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 ☐ NO ☐ Yes, with \$750 deductible. ☒ Yes, with \$1,000 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 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.  
☐ YES, up to \$40 per day to a maximum of \$1,200.  
☐ YES, up to \$50 per day to a maximum of \$1,500.

Extended Medical Expense Benefits Coverage up to \$10,000 will be automatically provided.

Roadside Assistance Coverage of up to \$125 per incident will be automatically provided.

**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.**

## CURE STANDARD POLICY COVERAGE SELECTION FORM

### 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 \_\_\_\_\_

## **CURE STANDARD POLICY COVERAGE SELECTION FORM**



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



**EXTRA PIP PACKAGE OPTIONS  
STANDARD POLICY ONLY**

If you desire extra PIP coverage choose one option from the chart below :

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

Note: For each additional benefit option, the total Funeral Expense Benefit is \$2,000.

\_\_\_\_\_  
Signature of Applicant / Subscriber

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# Your policy includes these discounts automatically *(if eligible)*

## Anti-Theft Discount

Vehicles equipped with one or more anti-theft or vehicle recovery devices and that carry comprehensive coverage are eligible to receive this discount. *Discount percentage varies.*

## Defensive Driving Discount

A 5% discount may be applied if you have voluntarily completed an approved Defensive Driving Course, within the past 3 years. To find an approved course, visit; <http://www.state.nj.us/mvc/Licenses/Defensive.htm>

## Passive Restraint Discount

Vehicles equipped with factory-installed air bags or other passive restraint systems will receive this discount. *Discount percentage varies.*

## Multi-Car Discount

A 20% discount is applied when there is more than 1 vehicle insured on the policy.

## Good Student Discount

Drivers under 25 years old with an above-average scholastic standing are eligible to receive savings.

## Driver Training Discount

Drivers under 21 years old that have successfully completed 30 hours of a classroom driver education and received a Certificate of Course Completion from a driving school are eligible for this discount.

## Loss Free Discount

Policyholders who maintain coverage for 2 or more years consecutively, carry full coverage on their vehicle, and have not had any claims are eligible to receive a discount starting at 5%. The longer you maintain the policy and a good driving record, the higher this discount grows. *Discount does not exceed 20%.*

## Away at School Discount

Full time students who reside at school more than 100 miles from home that are without a vehicle are eligible to receive this discount. These students typically only drive when they are home for holiday periods and school recess.

## Point Forgiveness Program

We will forgive the first 2 points you receive on your driving record. We will forgive 4 points for policyholders insured for three or more years.





## AGREEMENT TO OPT-IN TO OTHER ELECTRONIC COMMUNICATIONS

By clicking, I am providing my electronic signature expressly authorizing CURE to contact me by email, text, or phone (including an automatic dialing system or artificial/prerecorded voice) at the home or mobile phone number provided within the application for information and documents related to my policy. Messaging and data rates may apply. I understand I am not required to sign or agree to this as a condition to apply for a policy with CURE.

☐ I agree to the terms and conditions outlined in the Agreement to Opt-In to Other the Electronic Communications.

☒ I opt-out of the terms and conditions outlined in the Agreement to Opt-In to Other Electronic Communications.

Signature of Applicant/Subscriber \_\_\_\_\_ Date \_\_\_\_\_