



State Farm Indemnity Company  
State Farm Guaranty Insurance Company

# Standard Policy Coverage Selection

## New Jersey

(For existing customers: If you want to make coverage changes, please complete and return this form or contact your State Farm® agent.)

Insured's name **STEPHON TREADWELL**

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 for a lower premium. A **Special Policy** with a very low premium is also available for persons enrolled in Medicaid. Contact your insurer or producer for more information.

### Bodily Injury Liability - Buyer's Guide, page 2.

Choose the Bodily Injury Liability Limits you want:

- ☐ \$15,000/\$30,000    ☐ \$50,000/\$100,000    ☐ \$250,000/\$500,000  
☐ \$25,000/\$50,000    ☒ \$100,000/\$300,000    ☐ Other \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Other coverage limits are available. Contact your agent for details.

### Property Damage Liability - Buyer's Guide, page 3.

Choose the Property Damage Limits you want:

- ☐ \$5,000    ☐ \$25,000    ☒ \$100,000  
☐ \$10,000    ☐ \$50,000    ☐ Other \$ \_\_\_\_\_

Other coverage limits are available. Contact your agent for details.

### Personal Injury Protection (PIP) - Buyer's Guide, page 6.

- ☒ 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 or \$500,000. The limits below provide you with less coverage.**

- ☐ \$150,000\* for a 8% to 25%, or a \$10 to \$40, reduction in the PIP premium  
☐ \$75,000\* for a 17% to 49%, or a \$30 to \$80, reduction in the PIP premium  
☐ \$50,000\* for a 25% to 72%, or a \$40 to \$120, reduction in the PIP premium  
☐ \$15,000\* for a 34% to 96%, or a \$60 to \$160, 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 0% to 23%, or a \$0 to \$40, reduction in the PIP premium
- ☐ \$1,000 deductible, for a 4% to 38%, or a \$10 to \$60, reduction in the PIP premium
- ☐ \$2,000 deductible, for a 9% to 54%, or a \$20 to \$90, reduction in the PIP premium
- ☐ \$2,500 deductible, for a 13% to 74%, or a \$20 to \$120, reduction in the PIP premium

## Health Insurer for PIP Option

(MEDICARE and MEDICAID cannot be used for the Health Care Primary option.)

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

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

1. \_\_\_\_\_  
Policy/group number/certificate number \_\_\_\_\_
2. \_\_\_\_\_  
Policy/group number/certificate number \_\_\_\_\_

## Extra PIP Package Coverage Options

The Extra PIP Package benefits include Income Continuation, Essential Services, Death and Funeral Benefits - Buyer's Guide, page 7.

You may choose **not** to have the Extra PIP Package benefits for a 0% to 43%, or a \$0 to \$70, 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. Buyer's Guide, page 7.

The following increased benefits are available:

Income Continuation				Essential Services			
(Check option desired)	OPTION	TOTAL WEEKLY BENEFIT (Basic Plus Add'l)	TOTAL MAXIMUM BENEFIT (Basic Plus Add'l)	TOTAL DAILY BENEFIT (Basic Plus Add'l)	TOTAL MAXIMUM BENEFIT (Basic Plus Add'l)	TOTAL DEATH BENEFIT	FUNERAL BENEFIT (Basic Plus Add'l)
<input type="radio"/>	1	\$100	\$10,400	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	7	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	8	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	9	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	A	\$100	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	B	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	C	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000



(Check option desired)	OPTION	TOTAL WEEKLY BENEFIT (Basic Plus Add'l)	TOTAL MAXIMUM BENEFIT (Basic Plus Add'l)	TOTAL DAILY BENEFIT (Basic Plus Add'l)	TOTAL MAXIMUM BENEFIT (Basic Plus Add'l)	TOTAL DEATH BENEFIT	FUNERAL BENEFIT (Basic Plus Add'l)
<input type="radio"/>	D	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	E	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	G	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	H	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="radio"/>	I	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

### Uninsured/Underinsured Motorist Coverage - Buyer's Guide, page 8.

You may choose one of the following limits of Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury and Property Damage Liability Insurance Limits.

- ☐ \$15,000/\$30,000/\$5,000     
 ☐ \$50,000/\$100,000/\$25,000     
 ☐ \$250,000/\$500,000/\$100,000  
☐ \$15,000/\$30,000/\$25,000     
 ☐ \$100,000/\$300,000/\$25,000     
 ☒ Other \$ 100,000 / \$300,000 / \$100,000  
☐ \$25,000/\$50,000/\$25,000     
 ☐ \$100,000/\$300,000/\$50,000

**Other coverage limits are available.** *Contact your agent for details.*

### Collision Coverage - Buyer's Guide, page 8.

**Vehicle 1** (description): **2015 FORD EXPLORER**

- ☐ No, I choose not to be covered for collision damage.  
☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.  
☐ Yes, I choose to be covered for collision damage with the deductible selected here:  
☐ \$1,000  
☐ \$1,500  
☐ \$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 selected here:  
☐ \$100      ☐ \$200      ☒ \$500  
☐ \$150      ☐ \$250

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



**Vehicle 2** (description): \_\_\_\_\_

- ☐ No, I choose not to be covered for collision damage.
- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for collision damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ \$100      ☐ \$200      ☐ \$500
  - ☐ \$150      ☐ \$250

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

**Vehicle 3** (description): \_\_\_\_\_

- ☐ No, I choose not to be covered for collision damage.
- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for collision damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ \$100      ☐ \$200      ☐ \$500
  - ☐ \$150      ☐ \$250

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

**Vehicle 4** (description): \_\_\_\_\_

- ☐ No, I choose not to be covered for collision damage.
- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for collision damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ \$100      ☐ \$200      ☐ \$500
  - ☐ \$150      ☐ \$250

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



## Comprehensive Coverage - Buyer's Guide, page 8.

### Vehicle 1 (description): 2015 FORD EXPLORER

- ☐ No, I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ None
  - ☐ \$100
  - ☐ \$250
  - ☐ \$50
  - ☐ \$150
  - ☒ \$500

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

### Vehicle 2 (description):

- ☐ No, I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ None
  - ☐ \$100
  - ☐ \$250
  - ☐ \$50
  - ☐ \$150
  - ☐ \$500

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

### Vehicle 3 (description):

- ☐ No, I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
  - ☐ None
  - ☐ \$100
  - ☐ \$250
  - ☐ \$50
  - ☐ \$150
  - ☐ \$500

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



**Vehicle 4** (description): \_\_\_\_\_

- ☐ No, I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible selected here:
  - ☐ \$1,000
  - ☐ \$1,500
  - ☐ \$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 selected here:
 

<input type="radio"/> None	<input type="radio"/> \$100	<input type="radio"/> \$250
<input type="radio"/> \$50	<input type="radio"/> \$150	<input type="radio"/> \$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.

### **Lawsuit Options - Buyer's Guide, Page 10.**

- ☒ I want the Limitation on Lawsuit Option.
- ☐ I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be 330% to 760% 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 \$1,000 to \$10,310 higher on each semiannual renewal of my policy if I select the No Limitation on Lawsuit Option instead of the Limitation on Lawsuit Option. I understand that I can contact my insurer or my insurance producer 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 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.

Signature on next page



## 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:

- If I do not make a choice to have the No Limitation on Lawsuit Option, I will receive the Limitation on Lawsuit option;
- If I carry Collision and/or Comprehensive Coverage without making a written choice of deductible, I will receive the default \$750 deductible;
- 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
- 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:

- For new policies, on the effective date of the policy;
- For mid-term policy changes, on the day following the date of postmark or, when personal delivery is made or the postmark is illegible, the day following receipt of this form by the insurer or producer; and
- For changes upon renewal, on the date of the next policy renewal if postmarked or received by the insurance company or by an insurance producer prior to the renewal date.

**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 CIVIL AND CRIMINAL PENALTIES.**

Additional information concerning coverages and premiums is available by contacting your agent or State Farm. If you have any questions about your insurance policy, call your agent, or contact State Farm at our toll-free number, 1-800-624-1815.

Please check the appropriate box to which this form applies:

- ☒ New policy      ☐ Mid-term change      ☐ Renewal change

DocuSigned by:

*STEPHON TREADWELL*

908C4848EE624F1...

Signature of named insured or applicant

6/29/2022

Date (mm/dd/yyyy)

**SIGNATURE**

**146 6067-F29-30**

Policy number