

AMWINS ACCESS INSURANCE
443 CROWN PT CIR STE A
GRASS VALLEY, CA 95945
0000 0CKK53

ANDRE OLAVE
42 OAKWOOD DR
RINGWOOD, NJ 07456-2023

April 18, 2022

Your Policy



609431061 206 1
06/01/2022 to 06/01/2023

12:01 A.M. STANDARD TIME
At the address shown in Item 1
of your Policy Declarations



Log in to MyTravelers.com to manage
your policy and billing details.

ANDRE OLAVE
42 OAKWOOD DR
RINGWOOD, NJ 07456-2023

Thank you for choosing Travelers!

As a Travelers insurance customer, you have more than 150 years of experience, financial stability and superior claim service behind you, so you can feel protected – especially when you need us most.

Review your policy renewal package

No one understands your needs better than you. So please take a moment to review and confirm your new insurance policy details, including:

- Your Declarations page, listing the coverage you purchased, your coverage limits and deductibles
- Your insurance ID cards for proof of insurance
- Other important documents, including our privacy notice, billing options and more

Superior Service

At Travelers, we provide fast, efficient claim service and 24/7 claim reporting. We're proud to put our talent, expertise and resolution excellence to work for you.

On behalf of AMWINS ACCESS INSURANCE, thank you for choosing Travelers to help you protect what matters. It's Better Under the Umbrella®.

Sincerely,

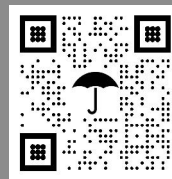
Michael Klein

Michael Klein
President, Travelers Personal Insurance

A faster, easier way to manage your account

Visit MyTravelers.com or open the camera on your smartphone and scan the QR code below to download our mobile app, where you can:

- Manage your policy and bills
- Submit and monitor a claim



Contact Information

Policy questions or changes: 1.530.274.3102
Roadside assistance: 1.800.252.4633
24-hour claim service: 1.800.252.4633

Take advantage of
our other coverage
options and
multi-policy discount



HOME



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VALUABLES

Call your agent or Travelers
representative at 1.530.274.3102
to find out more!



STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

This card must be carried in the vehicle at all times as evidence of insurance.

Year	Make	Model	Vehicle Identification Number (VIN)
2017	HONDA	CR-V EX AW	2HKRW2H82HH604367

Policy Number	Effective Date	Expiration Date
609431061 206 1	06/01/2022	06/01/2023

Insured
ANDRE OLAVE
42 OAKWOOD DR
RINGWOOD, NJ 07456-2023

Company: 884 ST. PAUL PROTECTIVE INSURANCE COMPANY
385 WASHINGTON STREET, ST. PAUL, MN 55102

For policy questions and changes AMWINS ACCESS INSURANCE 530.274.3102	To report a claim or get roadside assistance 24 hours x 365 days a year Go to Travelers.com or Call 1.800.252.4633
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Keep this card in the vehicle at all times. See Reverse Side.

VOID

VOID VOID

VOID



STATE OF NEW JERSEY INSURANCE IDENTIFICATION CARD

This card must be carried in the vehicle at all times as evidence of insurance.

Year	Make	Model	Vehicle Identification Number (VIN)
2018	TOYOT	TACOMA DBL	3TMCZ5AN3JM141248

Policy Number	Effective Date	Expiration Date
609431061 206 1	06/01/2022	06/01/2023

Insured
ANDRE OLAVE
42 OAKWOOD DR
RINGWOOD, NJ 07456-2023

Company: 884 ST. PAUL PROTECTIVE INSURANCE COMPANY
385 WASHINGTON STREET, ST. PAUL, MN 55102

For policy questions and changes AMWINS ACCESS INSURANCE 530.274.3102	To report a claim or get roadside assistance 24 hours x 365 days a year Go to Travelers.com or Call 1.800.252.4633
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Keep this card in the vehicle at all times. See Reverse Side.

VOID

VOID VOID

VOID

In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

Before an accident happens, be prepared

- Keep a pencil and paper in your glove box to write down and share information.
- Get the Travelers Mobile app and learn more about our tools at www.travelers.com/app.

ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT

Travelers, PO BOX 430, Buffalo, NY 14240-0430

Phone 1.800.842.2475, Fax 1-866-296-4180

Rev. 02-2022

In case of an accident, once you are in a safe location:

- Contact us at **Travelers.com** or 1.800.252.4633 to report a claim or to answer your questions regarding filing a claim
- Take photos of the accident scene and all vehicles/property damage if you can do so safely
- Obtain the name and contact information for each driver, passenger, or witness and each vehicles' insurance details, license plate state and number
- Do not discuss who caused the accident with anyone other than the police or a Travelers representative

Before an accident happens, be prepared

- Keep a pencil and paper in your glove box to write down and share information.
- Get the Travelers Mobile app and learn more about our tools at www.travelers.com/app.

ADDRESS FOR NOTIFICATION OF COMMENCEMENT OF MEDICAL TREATMENT

Travelers, PO BOX 430, Buffalo, NY 14240-0430

Phone 1.800.842.2475, Fax 1-866-296-4180

Rev. 02-2022

Automobile Policy Continuation Declarations

1. Named Insured

ANDRE OLAVE
42 OAKWOOD DR
RINGWOOD, NJ 07456-2023

Your Agency's Name and Address

AMWINS ACCESS INSURANCE
443 CROWN PT CIR STE A
GRASS VALLEY, CA 95945

Your Auto Policy Number 609431061 206 1
Your Account Number 609431061

For Policy Service 1.530.274.3102
For Claim Service For questions on filing a claim or to file a claim go to **Travelers.com** or call 1.800.252.4633
For Roadside Assistance 1.800.252.4633

2. Premium

Your Total Premium for the Policy Period is \$2,741.

The policy period is from June 1, 2022 to June 1, 2023 12:01 A.M. STANDARD TIME at your address shown in Item 1.

3. Your Vehicles

1. 2017 HONDA CR-V EX AW
2. 2018 TOYOT TACOMA DBL

Identification Numbers

2HKRW2H82HH604367
3TMCZ5AN3JM141248

4. Coverages, Limits of Liability and Premiums

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

	VEHICLE 1	VEHICLE 2
	17 HONDA CR-V EX AW	18 TOYOT TACOMA DBL
A. Bodily Injury		
\$250,000 each person		
\$500,000 each accident	\$263	\$275
B. Property Damage		
\$100,000 each accident	\$209	\$221
D1. Uninsured And Underinsured Motorists Bodily Injury		
\$100,000 each person		
\$300,000 each accident	\$99	\$99
D2. Uninsured and Underinsured Motorists Property Damage		
\$100,000 each accident	\$18	\$18
Q. Personal Injury Protection:		
Medical Expenses Only Secondary Cov.		
Limitation on Lawsuit Option		
Medical Expenses Limit \$250,000		
Deductible \$250	\$199	\$199

4. Coverages, Limits of Liability and Premiums (continued)

Insurance is provided only where a premium entry is shown for the coverage. The premium entry "Incl" or "Pkg" means the premium charge is included in the premium for another coverage or a package.

	VEHICLE 1	VEHICLE 2	
	17 HONDA CR-V EX AW	18 TOYOT TACOMA DBL	
E. Collision			
Actual Cash Value less \$500 deductible	\$375	\$478	
F. Comprehensive			
Actual Cash Value less \$500 deductible	\$88	\$138	
Glass Deductible			
See Endorsement E1OCW02 (01-15) \$50 deductible	Incl	Incl	
Extended Transportation Expenses			
See Endorsement E1MCW01 (10-13) \$30 per day/\$900 maximum	\$21	\$21	
Roadside Assistance Coverage			
See Endorsement E1RCW02 (10-13) Up to 15 miles per disablement	\$10	\$10	
Subtotal for your vehicle(s):	\$1,282	\$1,459	
Total Premium for This Policy:			\$2,741
NJ PLIGA Surcharge** Assessment:			\$16.00

Total Premium for this Policy including assessment:	\$2,757.00
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This is not a bill. You will be billed separately for this transaction.

5. Information Used to Rate Your Policy

Discounts

Safe Driver Discount		
Multi-Policy Discount		
Multi-Car Discount		
Good Payer Discount		
EFT Discount		
Continuous Insurance Discount		
Early Quote Discount		
Anti-Theft Discount	17 HONDA	18 TOYOT

Your Total Savings Reflected in Your Total Premium:	\$1,616
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Named Insured ANDRE OLAVE
Policy Period June 1, 2022 to June 1, 2023

Policy Number 609431061 206 1
Issued On Date April 18, 2022

5. Information Used to Rate Your Policy (continued)

Drivers	Date of Birth	Gender	Marital Status	Driver Type
1. ANDRE	10-19-1979	Male	Married	Licensed
2. MARGARET	01-03-1982	Female	Single	Licensed

Vehicles	Use of Vehicle	Mileage	Location of Vehicle
1. 17 HONDA CR-V EX AW	Commute	15,324	RINGWOOD, NJ
2. 18 TOYOT TACOMA DBL	Commute	15,219	RINGWOOD, NJ

Safe Driver Discount – Driving/Loss History Used to Determine Eligibility for Discount

Drivers/Vehicles	Incident	Date	Status
MARGARET	Accident	12-17-21	Used

If any of the information above is incorrect or has changed, please notify your Travelers representative immediately.

6. Other Information

Your Insurer

ST. PAUL PROTECTIVE INSURANCE COMPANY
385 WASHINGTON STREET, ST. PAUL, MN 55102

Policy Coverage Sections and Endorsements That Form a Part of This Policy:

G01NJ01 (04-17)	General Provisions Section
L01NJ02 (04-17)	Liability Coverage Section
Q01NJ01 (08-15)	Personal Injury Protection Coverage Section
U01NJ02 (04-17)	Uninsured and Underinsured Motorists Coverage Section
P01NJ01 (08-15)	Damage To Your Auto Coverage Section
S01CW01 (10-13)	Signature Page
E1MCW01 (10-13)	Extended Transportation Expenses
E1OCW02 (01-15)	Glass Deductible
E1RCW02 (10-13)	Roadside Assistance Coverage

Issued on 04/18/2022

FOR YOUR INFORMATION

For information about how Travelers compensates independent agents and brokers, please visit www.Travelers.com or call our toll free telephone number 1-866-904-8348. You may also request a written copy from Marketing at One Tower Square, 2GSA, Hartford, Connecticut 06183.

6. Other Information (continued)

It is important that the information we used to rate your policy is correct. It is your responsibility to make sure that the information on these Declarations is accurate and complete, including checking that you are receiving all the discounts for which you are eligible. To see a full list of discounts offered, including discounts for having multiple policies with us or being a good driver, go to www.travelers.com/discounts. Once at the website, type in your policy number 6094310612061 and product code QA2 to view the discounts available. If any of the information on the Declarations has changed, appears incorrect, or is missing, please advise your Travelers agent or representative immediately. Your Travelers agent or representative is also available to review the information on the Declarations with you.

** New Jersey Property-Liability Insurance Guaranty Association Surcharge.

*Coverage limits are lower in certain circumstances. Please refer to the Limit of Liability Section of Uninsured and Underinsured Motorists Coverage Section.

PRIVACY NOTICE

Privacy Statement for Individual U.S. Personal Insurance Consumers

Your privacy is important to us. When we quote or sell an insurance policy to a person, we get information about the people and property that we're insuring. This Privacy Notice describes the types of information about you ("personal information") we collect, where we get it, and how we use, share and protect it. It applies to current and former Travelers personal insurance customers in the United States.

A few key points include:

- We collect personal information from you, your agent, and from third parties
- We will not share your personal information with others for their marketing purposes without your permission
- We maintain safeguards designed to help prevent unauthorized use, access and disclosure of personal information

What type of information do we collect?	<p>You give us most of what we need in the application process. To make sure what we have is correct, or to obtain additional information, we may need to check back with you. For example, you may be asked to give us more details in writing, via e-mail or over the phone. In addition, we may obtain other information, including but not limited to the following:</p> <ul style="list-style-type: none">• Information from consumer reporting agencies and other insurance support organizations to the extent permitted by law. This may include items such as credit history, credit-based insurance score, driving record, accident and motor vehicle conviction history, and claim history. Information given to us by an insurance support organization, including consumer reporting agencies, may be retained by them and disclosed to others.• Your past insurance history, including information about your policies and claims, from insurance support organizations or your former insurers.• Information regarding your property. We may obtain this through third party reports and through a property inspection. We or an independent inspector may visit the property to inspect its condition, or we may use an unmanned aircraft system. We may obtain geospatial information, and take pictures or video. If we need more details about the property, we may need to schedule an interior inspection.• Information from government agencies or independent reporting companies.• Other third party data relating to the insured risk, such as possible drivers and vehicles associated with your household and odometer readings associated with any vehicle(s).• In some instances, we may need to know about your health. For example, if we need to know whether a physical limitation will affect your ability to drive, we may ask for a statement from your doctor.
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<p>How do we use your personal information?</p>	<p>We use the personal information we collect to sell, underwrite and rate, service and administer insurance; to handle claims; to create and market products and services; to prevent and detect fraud; to satisfy legal or regulatory requirements; and for other business purposes and as otherwise allowed by law.</p> <p>Once you're insured with us, we will retain details about your policy(ies). This may include, among other things, bill payment, transaction or claim history and details, as well as other information.</p> <p>When you give us a telephone number, you consent to being contacted at that number, including if the number is for a cell phone or other wireless device. We may contact you in person, by recorded message, by the use of automated dialing equipment, by text (SMS) message, or by any other means your device is capable of receiving, to the extent permitted by law and for reasonable business purposes, including to service your policy or alert you to other relevant information.</p>
<p>How do we share your personal information?</p>	<p>We do not give or sell your personal information to nonaffiliated third parties for their own marketing purposes without your prior consent.</p> <p>We may give the personal information we collect to others to help us conduct, manage or service our business. When we do, we require them to use it only for the reasons we gave it to them. We may give, without your past permission and to the extent permitted by law, personal information about you to certain persons or organizations such as: your agent or insurance representative; our affiliated property and casualty insurance companies; independent claim adjusters or investigators; persons or organizations that conduct research; insurance support organizations (including consumer reporting agencies); third party service providers; another insurer; law enforcement; state insurance departments or other governmental or regulatory agencies; or as otherwise required or permitted by law. Information we share with insurance support organizations, such as your claims history, may be retained by them and disclosed to others.</p> <p>We may also share your personal information: to comply with legal process; to address suspected fraud or other illegal activities; or to protect our rights, privacy, safety or property, and/or that of you or others.</p>
<p>How do we protect your personal information?</p>	<p>We maintain physical, electronic and administrative safeguards designed to help protect personal information. For example, we limit access to personal information and require those who have access to use it only for legitimate business purposes.</p>

<p>How can I review and correct the personal information you have about me?</p>	<p>If you have questions about what personal information we maintain about you, please make your request in writing and include your full name, mailing address, phone number and policy number. When we receive your written request, we will respond within thirty (30) business days. We will describe the personal information we maintain, whom we know we've shared it with in the last two (2) years, and how you may request a correction, if necessary. If we requested a consumer report, we will tell you the name and address of the consumer reporting agency.</p> <p>You may also see and copy the information we have, except for certain documents about claims and lawsuits. If you believe our information is incorrect, let us know in writing. We will review it, and, if we agree, we will correct it, notify you, and send a correction letter to anyone who received the original information. If we do not agree, you are allowed to file a letter with your comments.</p> <p>For questions about the right of access or correction to your information, please write to: Travelers, One Tower Square, Hartford, CT 06183, Attn: Privacy Office.</p>
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This notice is given by The Travelers Indemnity Company and its personal insurance property casualty affiliates.
This notice may be amended at any time. The most current version will be posted on Travelers.com.

Important Notice about Billing Options and Disclosures

This notice contains important information about our billing options and charges for policy 609431061 206 1.

You have chosen to pay your insurance premium in monthly installments by Electronic Funds Transfer (EFT). Please note that a service charge of \$2.00 will apply per installment. In the event that your payment is returned by your bank, it may result in the automatic conversion of your account from Electronic Funds Transfer (EFT) to Bill by Mail / Email.

If you'd like to change your billing plan, please review the options below. You can select a new plan in the MyTravelers Mobile App, at MyTravelers.com, or by contacting your Travelers insurance representative.

<u>Bill Plan</u>	<u>Monthly</u>	<u>Pay in Full</u>
Electronic Funds Transfer (EFT)	\$2.00	No Charge
Recurring Credit Card (RCC)	\$2.00	No Charge
Bill by Mail / Email	\$5.00	No Charge
Late Charge: \$10.00 per occurrence		
Payments returned by your bank: \$15.00 per occurrence		

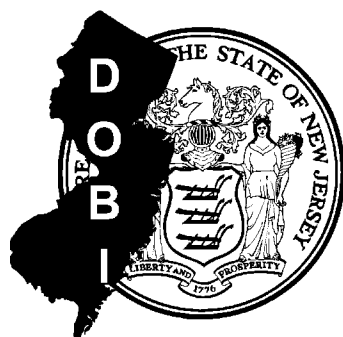
In the event two payments are returned during a 12 month period you will be required to pay with guaranteed funds for 182 days from the date of the last returned payment. Guaranteed funds are credit card, bank check, money order or home banking payments. Other forms of payment will be returned. You will not be eligible to use our Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) payment plans.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

If you have multiple policies with us you may be able to combine those policies into a single billing account. If you have selected one of our monthly billing options, and you combine your policies into a single billing account, you will be charged just one service charge per installment, and not per individual account.

To add this policy to an existing billing account or if you have other questions about this notice, please call your insurance representative at 1-530-274-3102.

NEW JERSEY AUTO INSURANCE BUYER'S GUIDE



New Jersey
Department
of
Banking and
Insurance

TRAVELERS 

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WHERE DO I START?

Car insurance is required in New Jersey. Whether you are buying a new insurance policy or renewing your current policy, you must make many decisions about what coverage you need and how much you can pay. The following guide outlines how to make choices that work for you.

UNDERSTAND YOUR NEEDS. Do you rent or own your home? Do you have assets to protect (including income from your job)? Will your own health insurance cover auto accident injuries? How much insurance coverage can you afford? These are some of the questions you should ask yourself before choosing a specific coverage plan.

UNDERSTAND YOUR OPTIONS. Use this guide to learn about the words and phrases used in auto policies. Know the many coverage options. Review the different benefits of each option.

UNDERSTAND CONSUMER PROTECTIONS. As a New Jersey auto insurance consumer, you have rights. You have a right to fair and equal treatment, and you have the right to get the information you need to make informed decisions.

- Agents, brokers and companies must inform you of your coverage options when applying for a new policy, or at any time upon your request if you are already insured. You have the right to know how each choice may affect what you pay and what your benefits would be in the event of an accident. You always have the right to ask about additional options.
- You can shop for auto insurance at any time – not just when your policy is up for renewal, and if you find a better price, you can cancel your old policy and seek a refund of your unused premium.
- You have the right to change your coverages and policy limits at any time, even if you are not near your renewal date. If you select options that save you money, you have a right to a refund of your unused premium within 60 days.

UNDERSTANDING YOUR POLICY

Types of Coverages

Insurance policies use terms that may be unfamiliar to the average driver. It is useful to understand what these terms mean so you can make better, more informed decisions about your coverage.

COVERAGES – Your auto insurance policy is divided into different coverages based on the type of claim that will be paid to you or others.

These **COVERAGES** are:

PERSONAL INJURY PROTECTION – Otherwise known as “**PIP**,” this is your medical coverage for injuries you (and others) suffer in an auto accident. PIP pays if you or other persons covered under your policy are injured in an auto accident. It is sometimes called “no-fault” coverage because it pays your own medical expenses *no matter who caused the auto accident*. PIP has two parts – (1) coverage for the cost of treatment you receive from the hospitals, doctors and other medical providers and any medical equipment that may be needed to treat your injuries and (2) reimbursement for certain other expenses you may have because you are hurt, such as lost wages and the need to hire someone to take care of your home or family.

LIABILITY – This coverage pays others for damages from an auto accident that *you cause*. It also pays for a lawyer to defend you if you are sued for damages that *you cause*.

There are two kinds of liability coverage: **BODILY INJURY** and **PROPERTY DAMAGE**.

BODILY INJURY LIABILITY COVERAGE - Pays for claims and lawsuits by people who are injured or die as a result of an accident *you cause*. (*See page 7 for lawsuit options*). It compensates others for pain, suffering and economic damages, such as lost wages.

*This coverage is typically given as two separate dollar amounts: (1) an amount paid per individual and (2) an amount paid for total injuries to all people injured in any one accident that you cause. It can sometimes be purchased as a **combined single limit**, which offers a maximum limit of protection per accident of **bodily injury** and **property damage** liability combined.*

PROPERTY DAMAGE LIABILITY COVERAGE – Pays for claims and lawsuits by people whose property is damaged as a result of an auto accident *you cause*. (*May also be purchased as a **combined single limit with bodily injury liability coverage**.*)

UNINSURED MOTORIST COVERAGE – Pays you for property damage or bodily injury if you are in an auto accident caused by an *uninsured motorist*.

UNDERINSURED MOTORIST COVERAGE – Pays you for property damage or bodily injury if you are in an auto accident *caused by a driver who is insured, but who has less coverage than your underinsured motorist coverage*.

EXAMPLE OF UNDERINSURED MOTORIST COVERAGE

Jane purchases \$100,000 in liability coverage and \$100,000 in underinsured motorist coverage. Sam purchases only \$15,000 in liability coverage. Sam crashes his car into Jane's car, causing \$25,000 in damages. Sam's insurance company pays \$15,000 of the damages, while Jane's insurance company pays the remaining \$10,000 from her underinsured motorist coverage.

COLLISION COVERAGE – Pays for damages to your vehicle as the result of a collision with another car or other object.

COMPREHENSIVE COVERAGE – Pays for damage to your vehicle that is not a result of a collision, such as theft of your car, vandalism, flooding, fire, or a broken windshield. However, it will pay if you collide with an animal.

UNDERSTANDING YOUR POLICY

Standard and Basic Policies

There are two common types of auto insurance policies in New Jersey. They are referred to as **STANDARD** and **BASIC**. Both offer options as well.

STANDARD POLICY – The Standard Policy provides a number of different coverage options and the opportunity to buy additional protection. The Standard Policy is the type of policy chosen by most New Jersey drivers.

BASIC POLICY – The Basic Policy usually costs significantly less than a Standard Policy, but provides limited benefits. It is not for everyone, but it does provide enough coverage to meet the minimum insurance requirements of New Jersey law. The Basic Policy could be an option for those with few family responsibilities and few assets to protect (including income from a job).

SPECIAL POLICY FOR MEDICAID RECIPIENTS ONLY

The Special policy is a new initiative to help make limited auto insurance coverage available to drivers who are eligible for Federal Medicaid with hospitalization. Such drivers can obtain a medical coverage-only policy at a cost of \$365 a year. For more information, ask your agent or company representative or call the Department of Banking and Insurance at 1-800-446-7467.

The chart **below** compares the differences between the **STANDARD** and **BASIC** policies:

COVERAGE	STANDARD POLICY	BASIC POLICY
BODILY INJURY LIABILITY	As low as: \$15,000 per person, \$30,000 per accident As high as: \$250,000 per person, \$500,000 per accident	Coverage is not included, but \$10,000 for all persons, per accident, is available as an option
PROPERTY DAMAGE LIABILITY	As low as: \$5,000 per accident As high as: \$100,000 or more	\$5,000 per accident
PERSONAL INJURY PROTECTION	As low as: \$15,000 per person or accident As high as: \$250,000 or more Up to \$250,000 certain injuries* regardless of selected limit	\$15,000 per person, per accident Up to \$250,000 for certain injuries*
UNINSURED/ UNDERINSURED MOTORIST COVERAGE	Coverage is available up to amounts selected for liability coverage	None
COLLISION	Available as an option	Available as an option (from some insurers)
COMPREHENSIVE	Available as an option	Available as an option (from some insurers)

* permanent or significant brain injury, spinal cord injury or disfigurement or for medically necessary treatment or other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following an accident and until the patient is stable, no longer requires critical care and can be transferred to another facility in the judgment of the physician.

UNDERSTANDING YOUR POLICY

What are Limits and Deductibles?

LIMITS - The maximum dollar amount the insurer will pay following an auto accident. Limits vary with each coverage within the policy.

DEDUCTIBLES – Payments you have to make *before* the insurer pays. For example, a \$750 deductible means that you pay the first \$750 of each claim.

EXAMPLE

John has a car accident. His repair shop estimates the cost of repairs at \$2,000. John pays \$750 of the bill and his insurance company pays the remainder.

UNDERSTANDING YOUR OPTIONS

Personal Injury Protection (PIP)

Choosing a higher deductible may save you money on your premium.

DEDUCTIBLE OPTIONS – In addition to any savings you may realize from how much coverage you buy, deductibles also provide savings and opportunities. Cost savings can be achieved by choosing higher deductibles. Thus, if you feel you need a high level of PIP coverage but want to reduce your premium, you can save money by agreeing to pay more out-of-pocket through a higher deductible amount you choose. No matter what deductible you choose, there is also a 20 percent co-payment for medical expenses between the deductible selected and \$5,000. That means you pay 20 percent, and your insurer pays 80 percent.

EXAMPLE

Sam and Jane each have an accident that results in \$10,000 of medical expenses. Sam chose the minimum \$250 deductible. He pays the \$250 deductible plus the \$950 (20 percent of the \$4,750 that is left of the first \$5,000) and the insurer pays the remaining \$8,800. Jane chose the \$2,500 PIP deductible for a 25 percent reduction in the PIP premium. She pays the first \$2,500 as the deductible. She also pays \$500 (20 percent of the \$2,500 that is left of the first \$5,000) and the insurer pays the remaining \$7,000.

HEALTH CARE PRIMARY – Cost savings can also be achieved by using your own health insurance as a primary source of coverage in the case of injury related to an auto accident. Before selecting this option, you should find out if your health insurance will cover auto accident injuries and how much coverage is provided. **MEDICARE and MEDICAID cannot be used for Health Care Primary option.**

EXTRA PIP PACKAGE COVERAGE – These are additional benefit options provided under the **STANDARD POLICY**.

INCOME CONTINUATION – If you cannot work due to accident-related injuries, this coverage pays lost wages, less Temporary Disability Benefits you may receive if your disability prevents you from working, up to the amount you select.

ESSENTIAL SERVICES – Pays for necessary services that you normally do yourself, such as cleaning your house, mowing your lawn, shoveling snow or doing laundry if you are injured in an auto accident.

DEATH BENEFIT – In the case of death, family members or estates will receive any benefits not already collected under the income continuation and essential services coverages.

FUNERAL EXPENSE BENEFIT – Pays for reasonable funeral expenses up to the limit you select if you die as a result of an auto accident.

UNDERSTANDING YOUR OPTIONS

Uninsured/underinsured Motorist Coverage

UNINSURED MOTORIST COVERAGE – Pays you if you are in an auto accident caused by a driver who does not have the minimum level of insurance required by the law. Claims that you would have made against the uninsured driver who caused the accident are paid by your own policy. *Uninsured motorist coverage **does not** pay benefits to the uninsured driver.*

UNDERINSURED MOTORIST COVERAGE – Pays you if you are in an auto accident caused by a driver who is insured, but who has less coverage than your underinsured motorist coverage. Damages greater than the limits of the other driver's policy are covered by your policy up to the difference between the limits of your underinsured motorist coverage and the other driver's policy limit.

If you choose the STANDARD POLICY:

A minimum amount of the **Uninsured/Underinsured Motorist Coverage** is required. You can purchase higher limits if you want more coverage.

UNDERSTANDING YOUR OPTIONS

Comprehensive Coverage/Collision Coverage

COMPREHENSIVE (also known as **comp** or **other than collision**) and **COLLISION** coverage are not required by law, but may be required under the terms of an automobile leasing or financing contract.

Collision coverage pays you for damage that *you cause* to your automobile. You can also make a claim under your own collision coverage for damage to your car from an auto accident *you did not cause*. This may take less time than making a property damage liability claim against the driver who caused the auto accident. Your insurer then seeks reimbursement (subrogation) from the insurer of the driver who caused the auto accident.

Comprehensive coverage pays you if your automobile is stolen or for damage to your automobile caused by things not covered under collision coverage, such as vandalism, flooding, fire, a broken windshield or damage from an animal.

DEDUCTIBLE – The **STANDARD** deductible for comprehensive and collision coverage is \$750. Higher and lower deductibles are available as options. Higher deductibles can reduce your premium.

NAMED DRIVER EXCLUSION – Prevents certain drivers on your policy from being covered by collision and/or comprehensive coverage on a specific automobile. This can lower your premium, but if the excluded driver operates the automobile and is involved in an auto accident, you are not insured for collision and/or comprehensive coverage; which means you could be personally responsible.

If you choose the STANDARD POLICY:

Comprehensive and Collision Coverage are always available as **options** of the **STANDARD POLICY**.

If you choose the BASIC POLICY:

*Insurers are not required to provide these options in the **BASIC POLICY**.*

For the **STANDARD POLICY**, you must make a choice about the rights you will have if you are injured in an automobile accident. (The **BASIC POLICY** *includes* the **LIMITED RIGHT TO SUE** option.)

IMPORTANT

The choice you make affects how much your insurance will cost and what claims will be paid in the event of an accident.

The choice you make regarding your right to sue another driver applies to you, your spouse, children and other relatives living with you who are not covered under another automobile insurance policy.

The **UNLIMITED RIGHT TO SUE** and **LIMITED RIGHT TO SUE** options only cover lawsuits for “pain and suffering” or non-economic losses. Your medical expenses and some economic losses for injuries in auto accidents will be paid up to the limits of your PIP coverage and are not affected by the choice you make here.

UNLIMITED RIGHT TO SUE – Under the No Limitation on Lawsuit Option, you retain the right to sue the person who caused an auto accident for pain and suffering for **any** injury.

LIMITED RIGHT TO SUE - By choosing the limitation on Lawsuit Option, you agree **not** to sue the person who caused an auto accident for your pain and suffering **unless** you sustain one of the permanent injuries listed below. (Choosing this option **does not** affect your ability to sue for economic damages such as medical expenses and lost wages.)

- loss of body part
- significant disfigurement or significant scarring
- a displaced fracture
- loss of a fetus
- permanent injury (Any injury shall be considered permanent when the body part or organ, or both, has not healed to function normally and will not heal to function normally with further medical treatment based on objective medical proof.)
- death



WARNING: Insurance companies or their producers or representatives shall not be held liable for your choice of lawsuit option (Limited Right to Sue or Unlimited Right to Sue) or for your choices regarding amounts and types of coverage. You cannot sue an insurance company or its producers or representatives if the Limited Right to Sue option is imposed by law because no choice was made on the coverage selection form. Insurers and 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.

POLICY OPTIONS CHART

COVERAGES	Options That Cost Less	What Most Drivers Choose	Options That Cost More
LIABILITY - Bodily Injury and Property Damage	\$35,000; \$50,000; \$100,000	\$300,000	\$500,000
PERSONAL INJURY PROTECTION (PIP)			
Medical Expense Limit	\$15,000; \$50,000; \$75,000; \$150,000	\$250,000	Some insurers may offer more than \$250,000
Medical Deductible	\$500; \$1,000; \$2,000; \$2,500	\$250	---
Extra PIP Options: Income Continuation, Essential Services, Death Benefit and Funeral Expense Benefit	You can decline the Extra PIP Package	Most consumers choose the Extra PIP Package	Packages may be available in higher amounts
Health Insurer for PIP Option	Choose your own health insurer	Most consumers do not choose their own health insurer	---
UNINSURED/ UNDERINSURED MOTORIST COVERAGE	\$35,000; \$50,000; \$100,000	\$300,000	\$500,000
COLLISION COVERAGE DEDUCTIBLE	\$750; \$1,000; \$1,500; \$2,000	\$500	\$50; \$100; \$150; \$200; \$250
COMPREHENSIVE COVERAGE DEDUCTIBLE	\$750; \$1,000; \$1,500; \$2,000	\$500	\$50; \$100; \$150; \$200; \$250
LAWSUIT OPTION	---	Limitation on Lawsuit Option	No Limitation on Lawsuit Option

WHERE TO GET MORE INFORMATION AND HELP

This Buyer's Guide is intended to provide general information to help you make coverage choices. It is not a substitute for the policy language, which governs. Additional information regarding coverages or premiums is available from the insurer or producer.

**Contact the Department of Banking and Insurance
on the Web:
www.dobi.nj.gov**

**by phone:
(609) 292-7272
or the Consumer Hotline at 1-800-446-7467**

**by mail at:
NJ DOBI
P.O. Box 471
Trenton, NJ 08625-0471**

**or in person at:
NJ DOBI
20 West State Street
Trenton, NJ 08608**

If you have any questions concerning your automobile insurance policy, you may contact your Travelers agent or you may call Travelers toll free at 1-877-872-8651 (TRAVNJ1). If you are insured as a member of an employer, association or credit union sponsored account, you may contact your insurance representative, or you may call Travelers at 1-800-542-0764.



Important Information About Your New Jersey Auto Insurance Premium

In accordance with New Jersey law we are providing you with this notice explaining the manner in which your automobile insurance premium is determined. Many factors are used to develop your classification and policy premium.

Information Used to Rate Your Policy

A. Coverages and Territory

The coverages you purchase as well as the location or territory where the vehicle is garaged are two important items considered in rating.

B. Household Composition

All currently rated eligible drivers in the household are evaluated as a whole for certain risk factors. We take into account the following information for eligible drivers in the household; insurance score, the number of vehicles to drivers, number of married or youthful drivers, the age and gender of each driver and their accident and driving history.

C. Underwriting Tier

Each policy is also assigned an Underwriting Tier or level as part of the pricing of the policy. The tier is determined based on specific underwriting standards. Some examples of the items used to determine the Underwriting Tier include insurance score, accidents, convictions, claims and prior insurance history.

D. Vehicle Variables

Items specific to each vehicle insured on your policy are also considered when determining a price. Some examples include the coverage limits and options purchased for each vehicle, presence of deductibles and amounts, each vehicle type and model year, how each vehicle is used (pleasure or business), IntelliDrive[®] Policy Score and annual mileage driven.

E. Expense Determination

An expense total is computed for each policy allocated to that policy. The expense accounts for the general expenses associated with the policy.

F. Discounts/Credits

The following discounts will appear on your policy only if applicable:

Safe driver, good student, driver training, multi-car, affinity discount, early quote discount, continuous insurance discount, good payer discount, hybrid vehicle discount, electric vehicle discount, new car discount, defensive driver credit, anti-theft device, multi-policy and homeownership discount, paid in full discount, electronic payment discount, IntelliDrive[®] enrollment discount and digital auto discount.

Why Your Premium May Be Adjusted

Any changes to the following may affect your policy premium:

- The number, type, and age of the vehicles insured on the policy
- How the vehicles are used, including annual mileage and IntelliDrive[®] Policy Score
- The age, marital status, and number of drivers insured on the policy
- The driving records of the drivers listed on the policy
- Losses and at fault accidents incurred by any listed drivers or permissive users
- The coverages, limits, and deductibles selected
- The garaging location of the vehicles
- The addition/removal of policy discounts

AUTOMOBILE INSURANCE CONSUMER BILL OF RIGHTS

You have the right to purchase insurance:

You can never be denied auto insurance based on your gender, race, or ethnicity. In most circumstances, a company cannot refuse to sell you insurance based on where you live as long as you meet the company's acceptance criteria*.

If you are denied auto insurance coverage, the agent or company must state a reason. Common reasons include:

- You do not meet the company's acceptance criteria*.
- The insurer is a "membership company" that only covers certain categories of drivers.
- The Department of Banking and Insurance has permitted the insurer to stop writing new policies.

You have the right to cancel or change insurance:

You can shop for cheaper auto insurance at any time – not just when your policy is up for renewal. If you find a better price, you can cancel your old policy and seek a refund of your unused premium. However, never cancel your old policy until a new one is in effect. A lapse in coverage will result in higher rates in the future.

You have the right to change your coverages and policy limits at any time, even if you are not near your renewal date. If you select lower policy limits or cancel nonmandatory coverages to save money, you have a right to a refund of your unused premium within 60 days.

You have the right to choices:

Agents, brokers and companies must inform you of your coverage options when applying for a new policy, or at any time upon your request if you are already insured. You have the right to know how each choice may affect what you pay and what your benefits would be in the event of an accident. You always have the right to ask about additional options.

You have the right to a timely response:

You have the right to a timely response when seeking an appointment or application from an agent, broker or company. Appointments should be scheduled so that you can obtain coverage before your current policy expires. However, an application is not considered complete until the company has obtained all pertinent information, including a copy of the applicant's driving record from the Motor Vehicle Commission and verification of any previous coverage. Therefore, the overall application process can take up to two weeks. Make sure you give yourself enough time to shop for coverage.

You have the right to the prompt and fair handling of claims:

You have the right to ask about any payments made to others by your company and charged to your policy. If you file a claim, it should be handled promptly and fairly. If a claim is denied, you must receive a written explanation for the denial.

You have the right to a notice of cancellation:

There are specific circumstances that allow an insurance company to cancel your policy during the policy period. This is referred to as a "mid-term cancellation". This may only occur when fraud is discovered, when your driver's license is suspended or when the policyholder fails to make premium payments. A 15-day warning notice must be sent before the policy is canceled.

You have the right to appeal:

If your coverage is canceled, you can file an appeal with the New Jersey Department of Banking and Insurance. Contact the Consumer Inquiry and Case Preparation Unit, P.O. Box 471, Trenton, NJ 08625-0471, call (609) 292-7272 or 1-800-446-7467, or visit online at www.state.nj.us/dobi/consumer.htm. The Department cannot guarantee that your policy will be reinstated, so you should not delay shopping for alternate coverage.

If a carrier denies you coverage and does not state a reason, or if you believe you have been treated unfairly, you can contact Consumer Protection Services.

You have the right to a notice of non-renewal:

Insurers can decline to renew coverage if you no longer meet any of the company's acceptance criteria*. This can occur when a driver's record includes "at-fault accident" or motor vehicle violations. Other reasons for non-renewal of a policy include:

- The Department has, for regulatory reasons, permitted the company to non-renew policies.
- The insurer is using the 2-for-1 or the 2 percent rule. The 2-for-1 rule allows the insurer to non-renew one vehicle for every two new ones it writes in each territory. The 2 percent rule allows the insurer to non-renew up to 2 percent of policies in a territory experiencing heavy growth. Drivers subject to non-renewal do not have clean driving records or have a poor payment history. Insurers must state that they have invoked these rules on the non-renewal notice.

A written non-renewal notice must be sent at least 60 calendar days prior to the expiration date of the existing policy.

Your obligations as a New Jersey driver:

New Jersey state law requires that any registered vehicle be covered by an insurance policy. Failure to maintain coverage can lead to higher prices for new policies, placement in the "assigned risk" pool, suspension or revocation of your driver's license or registration and additional fines and penalties.

Maintaining your auto insurance coverage requires that you:

- Always make payments for your policy on time or a lapse in coverage may result. A driver who incurs a lapse will end up paying far more for coverage.
- Always provide any information your company seeks. Insurance companies have the right to seek information about all licensed drivers in the household.
- If you receive a non-renewal notice, do not wait to shop for alternate coverage. Policies can be prepared in advance to become effective on a date several days or weeks after the application.

A driver who mails a renewal payment before the due date cannot lose coverage. However, insurers can charge the driver a late fee if the payment is postmarked on time, but arrives after the payment due date.

**Acceptance criteria are the written standards by which a company accepts new business or renews existing business.*



USE OF CREDIT INFORMATION DISCLOSURE

An insurer is required to disclose to its customers whether credit information will be obtained on the applicant or insured and used as part of the insurance scoring process.

This notice is to inform you that Travelers will obtain and use credit information on you as a routine part of the insurance scoring process.

If credit information is obtained or used on the applicant or insured, we are required to inform the applicant or insured of the name of each person on whom credit information was obtained or used and how each person's credit information was used to underwrite or rate the policy. We may provide this information with this disclosure or in a separate notice.

Credit information is any credit related information derived from a credit report itself or provided in an application for personal insurance. The term does not include information that is not credit-related, regardless of whether the information is contained in a credit report or in an application for insurance coverage or is used to compute an insurance score.

Insurance score is a number or rating derived from a mathematical formula, computer application, model, or other process that is based on credit information and used to predict the future insurance loss exposure of a consumer. The types of factors that go into developing the insurance score are:

- Payment history
- Bankruptcy, foreclosures and collection activity
- Length of credit history
- Amount of outstanding debt in relation to credit limits
- Types of credit in use (i.e. mortgages, installment loans)
- Number of new applications for credit

Insurance score does not consider race, religion, gender, ethnicity, age, income and residency.

If you have questions regarding this disclosure, or feel that your score has been impacted by an extraordinary life event (e.g. death of an immediate family member, medical collections, dissolution of marriage, temporary loss of employment, identity theft, catastrophic illness, etc.), please feel free to contact your agent or service representative.

Third Party Designee Notice - Named Insureds who Are 62 Years of Age or Older

If you are a named insured on this policy and at least 62 years of age, you may assign a third party designee to any insurance policy you have with us. This means when you are mailed any of the following types of notices, a copy will also be sent to your third party designee:

- notice of cancellation
- notice of nonrenewal
- notice of conditional renewal

By designating another person (such as a family member, friend, or attorney) to receive these notifications, someone additional will receive these important notices if, for any reason, you are unavailable to receive your mail.

To make a third party designation, or replace a current third party designee on your policy, please complete and return this form. It must be signed by you and your third party designee, and mailed by CERTIFIED MAIL, RETURN RECEIPT REQUESTED, to this address:

Travelers
PO Box 2906
Hartford, CT 06104-9900

Your designation will become effective within 10 business days after we receive this completed form.

Please note:

- If you previously assigned a third party designee to this policy, that person's name is shown on your policy's Declarations page.
- You may terminate the third party designation by sending written notification to us. The third party may terminate their designation by sending both you (the named insured) and us written notification. Notifications to us should include the Named Insured's policy number.

If you have questions about making, replacing or terminating a third party designation, please call your insurance agent or Travelers representative.

ACCEPTANCE

I, a Named Insured, request a third party designee for this policy:

Named Insured _____

Type of Policy _____ Policy Number _____

Third party designee's name _____

Address _____

_____ This is a new designation. _____ This replaces my current designation.

Named Insured's signature _____ **Date** _____

I accept, as a Third Party Designee, to receive copies of notices of cancellation, nonrenewal and conditional renewal on behalf of the Named Insured above. If I decide to terminate my designation, I must send written notification to both the Named Insured and the insurer.

Designee's signature _____ **Date** _____

Please return the completed form to Travelers and retain a copy for your records.

IMPORTANT NOTICE

Dear Insured/Claimant:

It is important that you read this notice carefully. It provides specific information regarding how a medical claim under your personal injury protection coverage will be handled, including requirements you and/or your medical provider must follow in order to ensure payment for medically necessary treatment, tests and durable medical equipment over \$50 that you or an eligible injured person may incur as a result of an automobile accident.

Please be advised that if you are injured in an automobile accident you must report the claim to us as promptly as possible after the accident. Your notice to us must include the facts surrounding the accident, the nature and cause of any injury, the diagnosis and the anticipated course of treatment. You may contact us by telephone to advise us of the accident, by calling (800) 842- 2475 and/or fax the required information to (866) 296-4180. Failure to provide us with the required information within 30 days of the accident may result in a co-payment penalty that would significantly reduce the amount of reimbursement for eligible charges for medically necessary expenses that would otherwise be payable.

Emergency care or any medically necessary treatment provided during the 10 days immediately following the accident is not subject to Decision Point Review or Precertification; however only treatment that is medically necessary and related to the claim will be reimbursed.

How the Plan Works

The Decision Point Review/Precertification Plan ("Plan") is designed to manage utilization of medically necessary treatment rendered in connection with an automobile injury claim that is covered by a Travelers policy.

Decision Point Reviews will be performed as required by the New Jersey Department of Banking and Insurance ("NJDOBI") Care Paths for Identified Injuries. Identified Injuries are those that the NJDOBI has determined to be suitable for medical treatment protocols. These treatment protocols, called Care Paths, are standard courses of treatment for soft tissue injuries and injuries of the neck and back. The evaluation points within a Care Path are referred to as Decision Points. At such Decision Points in your treatment, your provider must supply us with information regarding intended treatment including clinically supported findings regarding such treatment. Once we receive complete information from a provider, we will make a determination about the continuation of or choice of, further treatment for an Identified Injury. We will also determine whether one of the diagnostic tests listed in N.J.A.C. 11:3-4.5(b) should be performed for both Identified Injuries and all other injuries. Travelers uses standard professional treatment protocols when making medical necessity determinations. Any determination to disapprove treatment will be the made by a physician, and in the case of treatment prescribed by a dentist, a dentist will make the determination.

In addition to Identified Injuries, there are some other treatments and services under the Plan that must be pre-certified prior to administration. All medical necessity determinations will be based upon the clinical information provided to us by the provider or claimant. Requests for treatment review and any information supporting the medical necessity of the treatment or services must be sent to Travelers for review prior to any treatment being rendered and in a reasonable time to allow for review in order to obtain Coverage. Those treatments that are not subject to Decision Point Review but that do require Precertification under the Plan before being administered are:

1. Non-emergency inpatient or outpatient hospital care;
2. Non-emergency surgery performed at a hospital, outpatient surgical center, provider's office, etc.
3. Physical, occupational, speech, cognitive or other restorative therapy or body part manipulation treatment, including manipulation under anesthesia, except for that treatment for Identified Injuries in accordance with Decision Point Review;
4. All outpatient psychological/psychiatric testing and/or services;
5. All pain management services except as provided for Identified Injuries in accordance with Decision Point Review, including but not limited to:

- i. Acupuncture;
 - ii. Nerve blocks,
 - iii. Manipulations under anesthesia;
 - iv. Epidural steroid injections;
 - v. Biofeedback;
 - vi. Trigger point injections;
 - vii. Anesthesia when performed in conjunction with invasive techniques
 - viii. Radio frequency/rhyzotomy
 - ix. Implantation of spinal stimulators or spinal pumps
 - x. TENS units (transcutaneous electrical nerve stimulation)
 - xi. PENS units (percutaneous electrical nerve stimulation); and
 - xii. Electro-acupuncture devices;
- 6. Treatment for carpal tunnel syndrome;
 - 7. Treatment testing and/or DME relating to temporomandibular disorders and oral facial syndrome;
 - 8. Durable medical equipment (including orthotics and prosthetics) with a cost or monthly rental in excess of \$50;
 - 9. Non-emergency dental restoration;
 - 10. Any procedure that uses an unspecified CPT; CDT; DSM IV; HCPCS codes;
 - 11. Home health care;
 - 12. Extended rehabilitation facilities;
 - 13. Bone scans;
 - 14. Prescriptions, including but not limited to, Schedule II, III and IV Controlled Substances, as defined by the Drug Enforcement Administration when prescribed for more than three(3) times in a row, for a time period of more than ninety (90) days, or more than three (3) times in one (1) year or in excess of \$50 for a single fill and/or a thirty (30) day supply;
 - 15. Infusion therapy;
 - 16. Vax-D/DRX type devices;
 - 17. Transportation Services in excess of \$50;
 - 18. Brain Mapping other than provided under Decision Point Review;
 - 19. Podiatry;
 - 20. Audiology;
 - 21. Computerized muscle testing;
 - 22. Work hardening;
 - 23. Current perceptual testing;
 - 24. Temperature gradient studies;
 - 25. Interoperative neuromonitoring;
 - 26. Videonystagmography ("VNG"), nystagmus, vestibular, balance or cognitive testing;
 - 27. CAT/mylogram; or
 - 28. Discogram.

A provider must submit a Comprehensive Treatment Plan for approval before rendering treatment. If the treatment plan is approved, the provider must seek further approval only for those treatments or services not encompassed on the Attending Provider Treatment Form.

Reviews will be completed within 3 business days from receipt of the request for review and sufficient clinically supported findings justifying the treatment. Review time is calculated beginning on the day following the date of request and ends at the close of business on the third business day following the start of the review. Regular business hours are Monday through Friday 8:00 AM to 5:00 PM, EST/EDT. A business day does not include Saturdays, Sundays, legal holidays or days that the office is closed due to severe weather, mandatory evacuation or a State of Emergency.

Reviews may result in the following actions:

- Authorization of the requested treatments or services;
- Modification or partial approval of the requested treatments or services where the information submitted is incomplete and/or fails to provide clinically supported findings to establish medical necessity;
- Request for additional documentation from the attending providers when the submitted documentation is illegible;
- Notification that the request for review cannot be processed because it is incomplete due to the lack of, or an incomplete, Attending Provider Treatment Form. An Attending Provider Treatment Form is considered incomplete if it lacks information that is vital to determine medical necessity, is not signed by the treating provider of the proper specialty, and/or is undated;
- Schedule a physical examination of the claimant because the request for review did not provide sufficient medical documentation necessary to make a determination; or
- Denial of the requested treatments or services. Denials are issued when medical necessity is not established; this includes when insufficient medical documentation submitted.

Independent Medical Examinations

An independent medical examination is a physical examination of the claimant. If such an exam is requested:

1. It will be scheduled within seven (7) calendar days of the determination notice being provided to you that stated that a physical exam is required to determine medical necessity of a proposed treatment or services, unless you agree to an extension of time. Calendar days are calculated beginning on the date following the day of the request and end the appropriate number of days later at 5:00 PM, EST/EDT. However, if the last day of the review calculation falls on a Saturday, Sunday or legal holiday, the last day of review is deemed to be the following weekday or non-legal holiday day.
2. Notice of the date, time and location of the exam will be provided to you, and your designee, if noted. The notice of the examination will include details of the consequences for more than one unexcused failure to attend. If the examination is missed, a notice will be sent with a rescheduled appointment. Upon the second failure to attend an exam, notification will immediately be sent to you, your designee, and any treating providers for the requested or related treatments contained in the Attending Provider Treatment Plan form stating that all future treatment, diagnostic testing, durable medical equipment or prescription drugs required for the treatment, diagnosis or related diagnosis contained in the Attending Provider Treatment Plan form, will not be reimbursable due to failure to comply with the Plan.
3. It will be conducted by a provider in the same discipline as your treating provider.
4. It will be conducted at a location reasonably convenient to you.
5. You must bring valid government issued photo identification (for example, driver's license, passport, U.S. military ID, or permanent resident card) to the exam.
6. If you do not speak English, an interpreter of legal age must accompany you to the exam.
Travelers will not provide an interpreter or reimburse for this expense.
7. You must provide copies of all medical records, diagnostic studies, and other pertinent information related to your injuries to the provider conducting the exam prior to or at the time of the exam.
8. You must fully cooperate with the provider conducting the exam and may be asked to bring specific prescribed DME items to the exam.

The following will result in an unexcused failure to attend the IME:

1. Failure to present valid government issued photo identification (for example, driver's license, passport, U.S. military ID, or permanent resident card) to the provider conducting the exam at the time of the exam.
2. Failure to be accompanied by an interpreter of legal age if the claimant is non-English speaking. Travelers will not pay for any interpreter fees and/or costs.
3. Failure to attend any of the scheduled exam appointments for any unexcused reason.
4. Failure to provide to the provider conducting the exam with medical records, diagnostic studies, and other pertinent information related to the claimant's injuries before or at the time of the scheduled exam.
5. Failure to obtain approval from Travelers to reschedule the exam at least three (3) full business days prior to the originally scheduled appointment. Approval shall be at the sole discretion of Travelers.

Except for non-emergent tests, surgery, procedures performed in ambulatory surgical centers, outpatient facilities and/or hospitals and invasive dental procedures, treatment may proceed while the exam is being scheduled and until the results become available. However, only medically necessary treatment will be reimbursable pursuant to the policy of insurance. You, your designee and your treating provider will be notified of a determination as soon as possible but no later than three (3) business days following the exam. Copies of any written reports prepared in conjunction with the exam will be provided to you upon written request.

Voluntary Networks

In accordance with N.J.A.C. 11:3-4.8, the Plan includes voluntary networks for:

1. Magnetic Resonance Imaging (MRI)
2. Computer Assisted Tomography (CT/CAT Scans)
3. Needle Electromyography (needle EMG), H-reflex and nerve conduction velocity (NCV) tests *
4. Somatosensory Evoked Potential (SSEP)
5. Visual Evoked Potential (VEP)
6. Brain Audio Evoked Potential (BAEP)
7. Brain Evoked Potential (BEP)
8. Nerve Conduction Velocity (NCV)
9. H reflex Study
10. Electroencephalogram (EEG)
11. Durable Medical Equipment with a cost or monthly rental in excess of \$50
12. Services, equipment or accommodations provided by an ambulatory surgery facility.

* except when performed together by the treating physician.

Claimants and providers are sent information on how to access a list of the network providers:

1. Once Travelers receives a Decision Point Review or Precertification request for one of the above specified goods and/or services, and
2. When either the Plan or the Precertification process results in the authorization of one of the above specified goods and/or services

For information regarding available network providers, the claimant and/or provider may access the following website www.travelers.com/claims/claim-services.aspx, or call (888) 776-8280. If a claimant or provider does not use a network provider to obtain the above specified goods and/or services, they will be assessed a co-payment of thirty percent (30%) of the eligible charges.

As required by NJAC 11:3-4.8(d)4, the voluntary networks that are part of the Travelers plan are approved as part of a workers' compensation managed care organization.

Penalties for Non-Compliance

Failure to report a claim or to provide any requested claim information to Travelers as promptly as possible following an accident will result in the following co-payment penalties:

- 25% co-payment penalty for notice that is provided 30 – 59 days after the loss; and
- 50% co-payment penalty for notice that is provided 60 or more days after the loss.

Failure to request a Decision Point Review or Precertification where required or failure to provide clinically supported findings that support the treatment, diagnostic test or durable medical equipment requested shall result in a co-payment of 50 percent (50%) of the eligible charge for medically necessary diagnostic tests, treatments or durable medical goods that were provided between the time notification to Travelers was required and the time proper notification was made and Travelers had a reasonable opportunity to respond (3 business days) in accordance with its approved Decision Point Review Plan.

Internal Appeal Procedure

As a condition precedent to filing arbitration or litigation, a provider who has accepted an assignment, or any claimant, must submit a written request to appeal any and all disputes. This includes but is not limited to claims for unpaid medical bills for medical expenses and for unpaid goods and/or services not authorized and/or denied in the Decision Point Review and Precertification processes.

All appeals must be submitted using the forms established by the NJDOBI in accordance with NJAC 11:3-4.7(d) and posted on the NJDOBI's website. All forms must be fully completed, including the claim number, date of loss, claimant name and clearly identify the adverse decision(s)/contested issue(s) that is (are) the basis for the appeal. Treatment appeals must specifically explain the reason the treatment request should be reconsidered and, if applicable, provide supporting medical/dental documentation and/or test results that were not submitted with the original request for treatment. It is not necessary to resubmit documentation previously submitted.

Internal appeal requests must be faxed to (866) 296-4180. Requests sent by any other means or to any other facsimile number will not be considered.

Pursuant to NJAC 11:3-4.7B, only one-level of appeal is required for each appealed issue before initiating the Dispute Resolution process or filing an action in Superior Court. The following are the two (2) types of internal appeals:

1. **Pre-Service** – Appeals of Decision Point Review and/or Precertification denials or modifications prior to the performance or issuance of the requested medical procedure, treatment, diagnostic test, other service and/or durable medical equipment (collectively known as “services”). These appeals must be made no later than 30 days after receipt of a written denial or modification of requested services. Submission of documentation/information identical to the initial material submitted in support of the original request will not be accepted as a request for appeal. Provided that additional necessary medical documentation/information has been submitted, a response to the reconsideration request shall be made within 14 days after receipt of the pre-service appeal form and any supporting documentation. If it is determined that peer review or an Independent Medical Examination is appropriate, this information will be communicated within 14 days as well.
2. **Post-Service** – Appeals subsequent to the performance or issuance of the services, including but not limited to, bill disputes, Decision Point Review/Precertification penalties and coding discrepancies. These appeals must be submitted at least 45 days prior to initiating alternate dispute resolution pursuant to N.J.A.C. 11:3-5 or filing an action in Superior Court. Submission of documentation/information identical to the original material submitted will not be accepted as a request for appeal. Provided that additional documentation/information has been submitted, a response shall be issued by the insurer to the provider who submitted the appeal no later than 30 days after receipt of the appeal form and any supporting documentation. If a claimant or provider retains counsel to represent them during the Internal Appeal Procedure, they do so strictly at their own expense. No reimbursement will be issued for counsel fees or any other costs, regardless of the outcome of the appeal.

Dispute Resolution

Disputes that have not been resolved via the Internal Appeal Procedure may be submitted through the Personal Injury Protection Dispute Resolution process governed by N.J.A.C. 11:3-5. As of the filing of this plan, the NJDOBI has assigned Forthright as the administrator of the Personal Injury Protection Dispute Resolution process. If the NJDOBI changes the administrator, information about the new administrator will be available on the NJDOBI web site and this Plan shall remain in full force and effect. The process can be initiated by contacting Forthright at (732) 271-6100 or toll-free at (888) 881-6231. Information is also available on Forthright's Web site, www.nj-nofault.com. We retain the right to file a Motion to remove any Superior Court action to the Personal Injury Protection Dispute Resolution process.

Unless the dispute involves a request for emergent relief, failure to utilize the Internal Appeal Procedure prior to initiating litigation or the Personal Injury Protection Dispute Process will invalidate an assignment of benefits.

Assignment of Benefits

Benefits under the Plan will not be assignable except to providers of service for a covered claim. Payments will be made directly to a provider *only* if the provider completes the Conditional Assignment of Benefits form. As a condition of Assignment of Benefits, the medical provider must agree to the following:

- Comply with all of the requirements of the Decision Point Review Plan and terms and conditions of the Travelers policy;
- Comply with all requests from the Travelers for additional information concerning the presentation of the claim including but not limited to the submission of medical records that include a clinically supported findings for the diagnosis, causal relationship to the accident, Care Plan and, if necessary, submit to Examinations Under Oath;
- Submit all disputes in accordance with the Plan's Internal Appeal Procedure. Only after final determination of the Internal Appeal Procedure will the medical provider institute litigation or initiate the Personal Injury Protection Dispute Resolution Process and hold the Travelers harmless with regard to legal fees and costs incurred for failure to comply with the Internal Appeal Procedure;
- Hold harmless the claimant for any co-payment penalty or reduction of payment for services caused by the provider's failure to comply with the terms of the Plan, insofar as the medical provider will not seek reimbursement for such penalty from the claimant for any unpaid portion of the bill attributable to such failure to comply with this Plan.

If you would like additional information regarding Decision Point Review or Precertification, information is available on the Internet on the New Jersey Department of Banking and Insurance website at www.ni.gov/dobi/aicrapg.htm. If you are a claimant, you can receive additional information by calling your claims designee.

This summary does not change or alter coverage provided under your policy. Please read your policy for all terms, conditions and exclusions that apply to coverage. If there is any conflict between the policy and this summary, the provisions of the policy shall prevail.

ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

[illegible]

PIP Pre-Service Appeal Form Version 1.2 (2/2017)

[illegible]

** Indicates sections that should be completed using the letter(s)/number(s) that correspond to the reason codes on the back of this form

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I HAVE PERSONALLY COMPLETED OR REVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

40.DATE

NEW JERSEY PIP POST-SERVICE APPEAL REASON CODES

BILL LEVEL APPEAL CODES		LINE LEVEL APPEAL CODES	
1	Improper Deductible Applied	A	Improper Application of Fee Schedule Amount
2	Improper Co-pay Applied	B	Improper Application of Modifier Reduction
3	Improper Interest Applied	C	Improper Application of Multiple Reduction Calculation
4	Interest Due - Payment Not Made Timely	D	Improper Application of Daily Max Cap Calculation
5	Bill Processed Under Wrong Patient	E	Improper use of National Correct Coding (NCCI)
6	No Response To Bill Submitted Post 60 Days	F	Improper Application of U&C Amount
7	Improper Application of Coordination of Benefits	G	Improper Application of PPO Amount
8	Improper Use of PPO - Not Participating In Network	H	Improper Application of Pre-cert Penalty Co-pay
9	Improper Use of PPO - Terminated From Network	I	Improper Application of Voluntary Network Penalty Co-pay
10	Improper Denial Based on Coverage Investigation	J	Improper Application of Prospective Medical Necessity Denial
		K	Improper Application of Retrospective Medical Necessity Denial
		L	Improper Application of Bill Audit Reduction
		M	Improper Application of Medical Code Review Reduction
		N	Improper Application of Peer Review Reduction
		O	Improper Application of IME Reduction
		P	Improper Application of Missing Supportive Medical Records Denial
		Q	Improper Application of Coordination of Benefits
		R	Data Capture Error Caused Improper Reimbursement
		S	No Response to Services Billed

☐ FOLLOW-UP SUBMISSION

Month	Day	Year
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☐ INCLUDE SUPPORTING DOCUMENTS

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I HAVE PERSONALLY COMPLETED AND PREVIEWED THIS FORM. THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ST. PAUL PROTECTIVE INSURANCE COMPANY
Hartford, CT
NEW JERSEY AUTOMOBILE INSURANCE
STANDARD POLICY COVERAGE SELECTION FORM

Name: ANDRE OLAVE

Policy #: 609431061 206 1

This Coverage Selection Form is for a STANDARD POLICY. See **Buyer's Guide, page 3**. 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 agent or insurance representative for more information.

For new policies, you must always complete and sign a Coverage Selection Form. For changes upon renewal and mid-term policy changes, you must complete and sign this form only when you:

- (a) change policy type from Basic to Standard;
- (b) change the Lawsuit Option you have selected;
- (c) change primary coverage for PIP medical expense benefits coverage (from or to Health Insurer Primary);
- (d) change your PIP medical expenses coverage limit; or
- (e) change your coverage and deductible selections.

Note: For new policies or changes upon renewal and mid-term policy changes noted above, please return **all 6 pages** of the Coverage Selection Form to your agent or insurance representative.

LIABILITY INSURANCE

Select **EITHER** separate limits for Bodily Injury **and** Property Damage **OR** a Combined Single Limit.

BODILY INJURY LIABILITY – BUYER'S GUIDE, PAGE 3

Choose the Bodily Injury Liability Limits that you want:

\$15,000/30,000 _____ \$25,000/50,000 _____ \$50,000/100,000 _____ \$100,000/300,000 _____

\$250,000/500,000 _____ \$500,000/500,000 _____

PROPERTY DAMAGE LIABILITY – BUYER'S GUIDE, PAGE 3

Choose the Property Damage Limit you want:

\$5,000 _____ \$25,000 _____ \$50,000 _____ \$100,000 _____ \$250,000 _____ \$300,000 _____

\$500,000 _____

COMBINED SINGLE LIMIT

If you have not chosen separate limits for Bodily Injury **and** Property Damage above, select one of the Combined Single Limits which follow:

\$100,000 _____ \$300,000 _____ \$500,000 _____

PERSONAL INJURY PROTECTION (PIP) – BUYER’S GUIDE, PAGE 3

- ☐ 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 4% to 5%, or a \$19 to \$22, reduction in the PIP premium
- ☐ \$75,000* for a 9% to 10%, or a \$39 to \$44, reduction in the PIP premium
- ☐ \$50,000* for a 14% to 15%, or a \$60 to \$66, reduction in the PIP premium
- ☐ \$15,000* for a 37% to 40%, or a \$164 to \$174, 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%, or a \$4 to \$8, reduction in the PIP premium.
- ☐ \$1,000 deductible, for a 4% to 6%, or a \$16 to \$26, reduction in the PIP premium.
- ☐ \$2,000 deductible, for a 7% to 10%, or a \$32 to \$42, reduction in the PIP premium.
- ☐ \$2,500 deductible, for a 9% to 12%, or a \$40 to \$53, reduction in the PIP premium.

HEALTH INSURER FOR PIP OPTION

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

Check with your employer or health insurer to see if you are eligible. Medicare and Medicaid will not provide this coverage.

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

1. _____

Policy/Group #/Certificate # _____

2. _____

Policy/Group #/Certificate # _____

- ☐ No, I do not want the health insurer for PIP option.

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 3% to 17% savings, or a \$13 to \$93 reduction in the Base 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 5.**

OPTION	INCOME BENEFIT		ESSENTIAL SERVICES BENEFIT		DEATH BENEFIT	FUNERAL BENEFIT
	WEEKLY	TOTAL	PER DAY	TOTAL	TOTAL	TOTAL
S1	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
S2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
S3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
S4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
S5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
S6	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
S7	\$600	\$62,400	\$20	\$14,600	\$10,000	\$2,000
S8	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
S1U	\$100	<i>Unlimited</i>	\$12	\$8,760	\$10,000	\$2,000
S2U	\$125	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S3U	\$175	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S4U	\$250	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S5U	\$400	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S6U	\$500	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S7U	\$600	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000
S8U	\$700	<i>Unlimited</i>	\$20	\$14,600	\$10,000	\$2,000

- ☐ I choose Extra PIP Package S from the above table.
- ☐ In addition to the named insured(s), please provide Extra PIP coverage for the following resident relatives:
 1. _____, 2. _____,
 3. _____, 4. _____

UNINSURED/UNDERINSURED MOTORIST COVERAGE – BUYER’S GUIDE, PAGE 6

Select EITHER separate limits for Bodily Injury and Property Damage Uninsured/Underinsured Motorist **OR** a Combined Single Limit Uninsured/Underinsured Motorist.

You may choose one of the following limits of Bodily Injury Uninsured/Underinsured Motorist Coverage, up to your Bodily Injury Liability Insurance Limit or \$500,000/500,000 -- whichever is less.

\$15,000/30,000 ____ \$25,000/50,000 ____ \$50,000/100,000 ____ \$100,000/300,000 ____

\$250,000/500,000 ____ \$500,000/500,000 ____

You may choose one of the following limits of Property Damage Uninsured/Underinsured Motorist Coverage, up to your Property Damage Liability Insurance Limit or \$500,000 -- whichever is less.

\$5,000 ____ \$25,000 ____ \$50,000 ____ \$100,000 ____ \$250,000 ____ \$300,000 ____

\$500,000 ____

COMBINED SINGLE LIMIT

If you have not chosen separate limits for Bodily Injury and Property Damage Uninsured/Underinsured Motorist Coverage above, select one of the Combined Single Limits which follow:

\$100,000 ____ \$300,000 ____ \$500,000 ____

COLLISION COVERAGE – BUYER’S GUIDE, PAGE 6

Note: You must buy Comprehensive Coverage for a car in order to be able to purchase Collision Coverage for that car.

- ☐ No. I choose not to be covered for collision damage to the following vehicles:
- vehicle _____ (enter year/make)
- vehicle _____ (enter year/make)
- ☐ 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 indicated on the Personal Auto Application Form.
- ☐ Yes, I choose to be covered for collision damage with the deductible circled here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from company or insurance producer (i.e., agent or broker).
- ☐ Yes, I choose to be covered for collision damage with the deductible circled here: \$100, \$150, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from company or insurance producer.

COMPREHENSIVE COVERAGE – BUYER’S GUIDE, PAGE 6

- ☐ No. I choose not to be covered for comprehensive damage to the following vehicles:
- vehicle _____ (enter year/make)
- vehicle _____ (enter year/make)
- ☐ 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 indicated on the Personal Auto Application Form.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$1,000, \$1,500, \$2,000, \$2,500 or \$5,000. This premium will be less than the premium with the default \$750 deductible. Details available from company or insurance producer.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible circled here: \$100, \$250 or \$500. This premium will be more than the premium with the default \$750 deductible. Details available from company or insurance producer.

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 7

- ☐ I want the Limitation on Lawsuit Option.
- ☐ I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be 166% to 172% 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 \$308 to \$2,311 higher on each annual 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.

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 comprehensive coverage without making a written choice of deductible, I will receive the default \$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 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
- (3) 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.

FRAUD WARNING

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.

Please check the appropriate box to which this form applies:

☐ New Policy ☐ Mid-Term change ☐ Renewal Change

Signature of Named Insured or Applicant

Date

FOR NEW POLICIES, YOU MUST ALWAYS RETURN ALL 6 PAGES OF THE COVERAGE SELECTION FORM. FOR CHANGES UPON RENEWAL AND MID-TERM POLICY CHANGES, PLEASE REFER TO PAGE 1 OF THE COVERAGE SELECTION FORM.