



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com

NEW JERSEY
State Specific Application

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

New Jersey law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and provides you with choices from available options.

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury including death or property damage caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured Motorists Coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Property Damage is subject to a \$500 deductible.

Selection Of Uninsured/Underinsured Motorist Coverage

I / We select one the following Uninsured/Underinsured Motorists Coverage Options:

☐ Combined single limit of \$100,000.

☐ Combined single limit of \$_____.

PERSONAL INJURY PROTECTION COVERAGE

As required by New Jersey law, your standard automobile coverage includes Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, medical expense benefits up to an amount of \$250,000 per person per accident, income continuation benefits of up to \$100 maximum weekly and subject to a total of \$5,200 per person, essential services benefits of up to \$12 per day maximum and subject to a total limit of \$4,380 per person, death benefits up to a total of \$5,200, and funeral expenses benefits up to a maximum amount of \$1,000 for each such person.

Selection Of Personal Injury Protection Coverage Right To Sue Option

☐ **LIMITED:** Although you may sue for economic damages such as medical expenses and lost wages, you agree not to sue the person who caused an auto accident for pain and suffering unless you suffer a). loss of body part; b.) significant disfigurement or significant scarring; c). a displaced fracture; d.) loss of a fetus; e.) permanent injury(the body part or organ has not healed to function normally and will not heal to function normally with further medical treatment based on objective medical proof); or f.) death. This choice reduces your premium.

☐ **UNLIMITED:** You may sue for pain and suffering for any injury.

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.

Additional Personal Injury Protection Coverage Options

In addition to the Standard Personal Injury Protection Benefits described above, you may choose to purchase higher limits for the Income Continuation Benefit, Essential Services Benefit, Death Benefit, and Funeral Benefit by selecting one of the following available options:

Option	Income Continuation Benefit		Essential Services Benefit		Death Benefit	Funeral Benefit
	Weekly	Total	Per Day	Total	Total	Total
<input type="checkbox"/> 1	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> 2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 6	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 7	\$600	\$64,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 8	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 9	\$100	Unlimited	\$12	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> 10	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 11	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 12	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 13	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 14	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 15	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 16	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

Fraud Notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

I / We understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME _____ TITLE _____