



MAIL OR FAX APPLICATION TO:
 DMI INSURANCE SERVICES, INC.
 P. O. Box 248 Morgan Hill, CA 95038
 Phone (800)877-2525 Fax(408)778-0298
"Automotive Program Specialists"

NEW JERSEY
Garage Insurance
State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured: _____ **Quote #** _____

DBA: _____ **EFFECTIVE DATE:** _____
EFFECTIVE TIME: _____

NEW JERSEY SPECIFIC COVERAGES / LIMITS SELECTION

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.

Please indicate your choice of limits with respect to these coverages:

UNINSURED/UNDERINSURED MOTORISTS - \$35,000 CSL or other limit selected: \$ _____

SELECTION 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.

YOU HAVE THESE ADDITIONAL OPTIONS:

A. RIGHT TO SUE

- 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.

B. ADDITIONAL PERSONAL INJURY PROTECTION (Not available with Medical Expenses Only Coverage)

Two Year Benefits/Income Continuation and Essential Services Benefits*

Option No.	Maximum Weekly	Total Aggregate	Maximum Per Day	Total Aggregate
<input type="checkbox"/> 1.	\$100	\$10,400	\$12	\$8,760
<input type="checkbox"/> 2.	125	13,000	20	14,600
<input type="checkbox"/> 3.	175	18,200	20	14,600
<input type="checkbox"/> 4.	250	26,000	20	14,600
<input type="checkbox"/> 5.	400	41,600	20	14,600
<input type="checkbox"/> 6.	500	52,000	20	14,600
<input type="checkbox"/> 7.	600	62,400	20	14,600
<input type="checkbox"/> 8.	700	72,800	20	14,600

Extended Income Continuation Benefits/Two Year Essential Services Benefits*

Option No.	Maximum Weekly	Total Aggregate	Maximum Per Day	Total Aggregate
<input type="checkbox"/> 9	\$100	Unlimited	\$12	\$8,760
<input type="checkbox"/> 10.	125	Unlimited	20	14,600
<input type="checkbox"/> 11.	175	Unlimited	20	14,600
<input type="checkbox"/> 12.	250	Unlimited	20	14,600
<input type="checkbox"/> 13.	400	Unlimited	20	14,600
<input type="checkbox"/> 14.	500	Unlimited	20	14,600
<input type="checkbox"/> 15.	600	Unlimited	20	14,600
<input type="checkbox"/> 16.	700	Unlimited	20	14,600

*\$10,000 Death Benefit and \$2,000 Funeral Benefit are included.

IF THE NAMED INSURED IS AN INDIVIDUAL, YOU ALSO HAVE THESE OPTIONS:

- A. MEDICAL EXPENSES ONLY COVERAGE
- B. MEDICAL EXPENSE BENEFITS ARE SECONDARY TO HEALTH BENEFIT PLANS
- C. DEDUCTIBLE HIGHER THAN \$250: _____ (\$500, 1,000, 2000, or 2,500)

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

I understand that the choices indicated here will apply to all future renewals, continuations, and changes unless I notify you in writing.

17 We have the following:	
Number of Dealer Plates	_____
Number of Registered Vehicles Private Passenger	_____
Number of Registered Vehicles Commercial Type	_____

Insured's signature	_____	Date	_____
Broker's signature	_____	Date	_____