

UNINSURED/UNDERINSURED MOTORIST COVERAGE SELECTION FORM—NEW JERSEY

New Jersey law requires that Uninsured Motorist Coverage be written at financial responsibility limits of \$15,000 each person Bodily Injury, \$30,000 each accident Bodily Injury and \$5,000 each accident Property Damage (15/30/5) or \$35,000 Combined Single Limit. A \$500 deductible applies to Property Damage.

You have the option to purchase higher limits of Uninsured Motorist Coverage (including Underinsured Motorist Coverage) up to the lesser of your policy liability limits or \$500,000 Combined Single Limit or \$250/500/100 Split Limits.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "x" in the box next to the limit desired. Then sign and date this form as acknowledgement of your choice.

The undersigned selects the following limit of liability for Uninsured Motorist Coverage:

Split Limits Of Coverage

Bodily Injury (in thousands)	Premium Per Vehicle	Property Damage (in thousands)	Premium Per Vehicle
<input type="checkbox"/> 15/30	\$	<input type="checkbox"/> 5	\$
<input type="checkbox"/> 25/50	\$	<input type="checkbox"/> 10	\$
<input type="checkbox"/> 50/100	\$	<input type="checkbox"/> 25	\$
<input type="checkbox"/> 100/300	\$	<input type="checkbox"/> 50	\$
<input type="checkbox"/> 250/500	\$	<input type="checkbox"/> 100	\$
<input type="checkbox"/> 500/1,000	\$		

Bodily Injury and Property Damage Combined Single Limits

Limits of Coverage	Premium Per Vehicle
<input type="checkbox"/> \$ 35,000	\$
<input type="checkbox"/> \$ 50,000	\$
<input type="checkbox"/> \$ 100,000	\$
<input type="checkbox"/> \$ 250,000	\$
<input type="checkbox"/> \$ 350,000	\$
<input type="checkbox"/> \$ 500,000	\$
<input type="checkbox"/> \$1,000,000	\$

Applicant's Name

Policy Number

Signature of Named Insured or Applicant

Date Signed

I hereby represent, by the above signature, that to the best of my knowledge I have specific authority by any corporation or other party named as a named insured to select uninsured/underinsured motorist coverage on behalf of the corporation or other party for whom this selection is made.

The selection indicated above shall apply to this policy and all future renewals of such policy and all future policies issued to me by the company because of change in vehicle or coverage, or because of an interruption of coverage, until I notify the company in writing that my coverage requirements have changed.