



# APPLICATION FOR MODIFIED AUTO INSURANCE

**J.C. Taylor Modified Automobile Agency, Inc.**

320 South 69<sup>th</sup> Street, Upper Darby, PA 19082

1-877-HOT-RODS (1-877-468-7637) Fax: 610-853-0114 www.JCTaylor.com

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Street \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List all Licensed Drivers in household:

DRIVER'S NAME	STATE & DRIVER'S LICENSE NUMBER	DATE OF BIRTH	NUMBER OF YRS. LICENSED	YEAR & MAKE OF VEHICLE DRIVEN FOR DAILY USE	* Co.
1.)					
2.)					
3.)					

Attach a separate sheet for additional drivers.

\* If company vehicle, check (✓)

**The following coverages are available. Indicate your selection by placing an "X" in the proper box.** **All Rates are Annual Rates.**

**SINGLE LIMIT LIABILITY** (VT = Verbal Tort Threshold)

**TOTAL**

Liability(VT) – \$100,000 Single Limit Bodily Injury and Property Damage - 1<sup>st</sup> Vehicle \$60.00, 2<sup>nd</sup> \$40.00, 3<sup>rd</sup> \$20.00, Addl Veh. \$0 \$ \_\_\_\_\_

Liability(VT) – \$300,000 Single Limit Bodily Injury and Property Damage - 1<sup>st</sup> Vehicle \$80.00, 2<sup>nd</sup> \$56.00, 3<sup>rd</sup> \$32.00, Addl Veh. \$0 \_\_\_\_\_

Liability – Other limits available. Please contact customer service for other limits and rates. \_\_\_\_\_

Note: If you choose No Tort Threshold, double the above rates.

\*Personal Injury Protection (standard) – \$250,000 Combined Single Limit - 1<sup>st</sup> Vehicle \$8.00, 2<sup>nd</sup> \$6.00, 3<sup>rd</sup> \$4.00, Addl Veh. \$0 \_\_\_\_\_

\*Additional Personal Injury Protection – Please contact customer service for limits and rates \_\_\_\_\_

\*Uninsured/Underinsured Motorist Coverage – Please see the table on back for limits and rates and enter the proper premium.

\_\_\_\_\_ 1<sup>st</sup> Vehicle \_\_\_\_\_ 2<sup>nd</sup> Vehicle \_\_\_\_\_ 3<sup>rd</sup> Vehicle \_\_\_\_\_ Addl. Veh. – No Charge. \_\_\_\_\_

\*Selection/Rejection form may be required - see attached.

Physical Damage – Other than Collision (Comprehensive) Coverage – Annual Rates - \$0.75 per \$100.00 of insurance. Street Rods & Modifieds. \_\_\_\_\_  
\$250 deductible – Annual Rates - \$1.15 per \$100.00 of insurance. Replicars/Kit Cars/Exotics. \_\_\_\_\_

Physical Damage – Collision Coverage – Annual Rates - \$0.55 per \$100.00 of insurance. Street Rods & Modifieds. \_\_\_\_\_  
\$250 deductible – Annual Rates - \$0.85 per \$100.00 of insurance. Replicars/Kit Cars/Exotics. \_\_\_\_\_

Note: Collision Coverage is only available with Other than Collision (Comprehensive) Coverage

Towing & Roadside Assistance – \$12.00 per Policy (Only available with Collision Coverage) \_\_\_\_\_

Total Annual Premium \$ \_\_\_\_\_

**Requested effective date of coverage \_\_\_\_\_ Minimum Policy Premium is \$150.00**

**MODIFIED VEHICLES TO BE INSURED\*\***

We require: 1) Recent **color photos** (4) of each vehicle listed, 2) **Appraisal** for each vehicle valued in excess of \$40,000, 3) A copy of your primary Auto Policy and 4) Payment in full at the time of submission of this application

YEAR	MAKE	BODY TYPE SERIES OR MODEL	VEHICLE IDENTIFICATION, SERIAL OR MOTOR NUMBER	VALUE	IS THIS VEHICLE REGISTERED? (circle one)	STATE OF REGIS-TRATION
1)					Yes No	
2)					Yes No	
3)					Yes No	
4)					Yes No	

Use separate sheet for additional vehicles to be insured.

\*\* These vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods.

**Important! See other side for additional questions and required signature.**

**Broker / Producer Information (if applicable)**

Producer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ I.D.# \_\_\_\_\_

PRODUCER CANNOT BIND COVERAGE. NO COVERAGE IS PROVIDED UNTIL J.C. TAYLOR OR THE INSURER BINDS COVERAGE.

To properly expedite the handling of your application, please answer the following questions. Explain in detail for the necessary questions.

1. Have you or any driver in your household had any auto losses or moving violations in the past 3 years? If Yes, explain. \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Include: Date-Cause-Payment. \_\_\_\_\_
2. Will you be using your modified vehicle as a means of daily transportation, errands, or back-up? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Are the vehicles used in any racing events? If yes, explain? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Are the vehicles currently insured? Insurance Company: \_\_\_\_\_ Yes \_\_\_\_\_ No
5. What is the annual mileage? (a) Club functions miles \_\_\_\_\_ (b) Other purposes miles \_\_\_\_\_ Explain \_\_\_\_\_
6. Is any vehicle currently under restoration? If yes, a.) What is the expected date of completion? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 b.) If in shop, list name and address \_\_\_\_\_
7. Are **all** modified vehicle(s) garaged? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Construction of garage:  Cinder Block  Brick/Stone  Wood Frame  Other (explain) \_\_\_\_\_  
 Location(s) of garage(s) a.) Same as mailing address?  Yes  No If No, list full garage address \_\_\_\_\_
9. Do you own any Antique or Classic vehicles? \_\_\_\_\_ Yes \_\_\_\_\_ No

**New Jersey Fraud Warning:**

ANY PERSON WHO INCLUDES FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

1. In connection with this application for insurance I agree that the insurer may investigate and secure consumer reports, including motor vehicle records for persons listed in the application or subsequently added to the policy. I agree to allow Foremost Insurance Company Grand Rapids, Michigan to share my name, address, date of birth and social security number with third party consumer reporting and insurance support organizations in order to obtain consumer reports. I further agree that the insurer may investigate and secure new consumer reports in evaluating this policy, or for my request for a change in policy benefits, or for a replacement policy as permitted by law. I or my authorized representative may request a copy of this authorization from my insurance representative.
2. I declare that the information contained in this application is true to the best of my knowledge and belief. I understand that the insurer will rely on this information in determining my eligibility and premium.
3. I declare that the selections indicated in this application accurately reflect the limits, coverages and deductibles I chose.
4. I understand my producer is submitting this application to an appointed agency of an insurer, and that my producer does not have binding authority with the insurer. I understand I will not have coverage until I am informed by the appointed agency or the insurer that coverage is bound or issued.
5. I agree that the Company and its affiliates may use any telephone number I provide now or in the future to contact me by way of live calls or by use of any automatic dialing system or artificial or prerecorded voice.

My vehicle(s) will be used mainly in exhibitions, club activities, parades and other functions of public interest and will not be used primarily for the transportation of passengers or goods. There is no coverage until specific notification is made by J.C. Taylor.

SIGNATURE OF APPLICANT(S) \_\_\_\_\_ DATE \_\_\_\_\_

Rates for Uninsured Motorist Coverage (Includes Underinsured Motorist & UMPD)							
Verbal Tort Threshold	1 <sup>st</sup> Veh.	2 <sup>nd</sup> Veh.	3 <sup>rd</sup> Veh.	No Tort Threshold	1 <sup>st</sup> Veh.	2 <sup>nd</sup> Veh.	3 <sup>rd</sup> Veh.
<input type="checkbox"/> \$35,000	\$12.00	\$12.00	\$12.00	<input type="checkbox"/> \$35,000	\$18.00	\$18.00	\$18.00
<input type="checkbox"/> \$100,000	\$20.00	\$20.00	\$20.00	<input type="checkbox"/> \$100,000	\$26.00	\$26.00	\$26.00
<input type="checkbox"/> \$300,000	\$24.00	\$24.00	\$24.00	<input type="checkbox"/> \$300,000	\$30.00	\$30.00	\$30.00

No Charge for Additional Vehicles. A \$500 deductible applies to the Property Damage Uninsured Motorist Coverage.  
 Higher limits up to \$500,000/\$1,000,000 available upon request and with further underwriting review and copy of daily car policy. Please contact customer service for rates.

APPOINTED AGENCY NAME J.C. Taylor APPOINTED AGENCY CODE 37-6791-999

Underwritten by Foremost Insurance Company Grand Rapids, Michigan

To effect insurance, we require payment of entire premium, completed forms, photos, compliance with state regulations and our acceptance of risk. There is no coverage until the producer or applicant is notified by JC Taylor.

Check List ( ✓ )			
( )	Signed, fully completed application & supplemental form	( )	Check for full premium
( )	Signed state Selection/Rejection forms	( )	Appraisal for vehicles over \$40,000
( )	4 Recent, color photo of each vehicle. Photos may be e-mailed to <a href="mailto:service@jctaylor.com">service@jctaylor.com</a> Date photos E-mailed: _____		
( )	Copy of primary auto policy declarations page		

## J.C. TAYLOR MODIFIED AUTOMOBILE AGENCY, INC. SUPPLEMENTAL VEHICLE INFORMATION

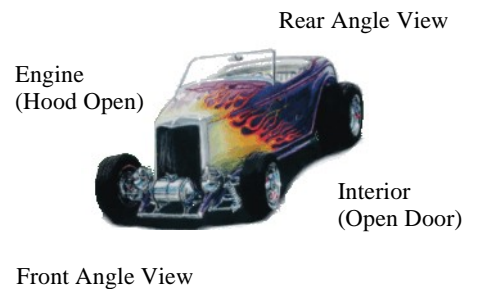
Please estimate the values as best you can for each vehicle being submitted.

<b>Applicant:</b> _____		<b>Vehicle:</b> _____	
(Please Print)			
<b>Engine:</b>	Stock <input type="checkbox"/> Yes <input type="checkbox"/> No	Cubic Inches _____	Horsepower: _____
	Nitrous Oxide <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Modifications:	
	Value: _____		
<b>Body Style:</b>	Describe any enhancements & modifications:		
	List any fiberglass parts:		
	Does the vehicle have a roll cage? <input type="checkbox"/> Yes <input type="checkbox"/> No    Lift Kit ? <input type="checkbox"/> Yes <input type="checkbox"/> No    Value: _____		
<b>Wheels &amp; Tires:</b>	Describe any specialty wheels & tires:		
	Value: _____		
<b>Exterior Paint:</b> Maximum Limit 40% of the agreed value of the vehicle.	Describe any custom paint used:		Date last painted? (MO/YR) ____/____
	Value: _____		
	<input type="checkbox"/> I accept the maximum limit for exterior paint coverage of 40% of the agreed value of the vehicle.		
<b>Interior:</b>	Air conditioner <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	
	Power Windows <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sound Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: _____	
<b>Options &amp; Equipment:</b>	List special options & approximate value:		
	Value: _____		
	* Detailed appraisal required for values over \$40,000.		
	* Descriptive bill of sale for recently purchased vehicles.		<b>*Total Value:</b> _____

VEHICLE CONDITION						
Ratings:	1 = Not Restored	2 = Major Defect	3 = Average Condition			
	4 = Slight Defect	5 = Show Condition				
ITEMS EVALUATED						Comments
Exterior Paint	1	2	3	4	5	_____
Exterior Body	1	2	3	4	5	_____
Tires	1	2	3	4	5	_____
Exhaust System	1	2	3	4	5	_____
Chrome Trim	1	2	3	4	5	_____
Wheels	1	2	3	4	5	_____
Glass	1	2	3	4	5	_____
Upholstery/Carpets	1	2	3	4	5	_____
Engine	1	2	3	4	5	_____
OVERALL CONDITION	1	2	3	4	5	_____
<b>SIGNATURE:</b> _____						<b>DATE:</b> _____

### REQUIREMENTS

Need 4 color pictures as indicated below



## Notice Of Information Practices Required By State Law

This notice outlines the types of information the Foremost Insurance Group ("Foremost") collect, our methods of investigation and the types of sources that we may use to provide insurance to you. You will receive, or already have received, a notice entitled "Foremost Privacy Notice". Your state gives you additional protections that are explained in this notice. Our information practices, as described in this notice, extend to applicants, policyholders and former policyholders.

### Collection Of Information

Much of the information we need from you comes from you when you apply for insurance. Sometimes, however, we may need additional information or may need to verify information you have given us. In those instances, we may contact you, your spouse or another adult member of your household either by phone or by mail.

In addition, we often employ the common insurance industry practice of asking an outside source, called a "consumer reporting agency" or "insurance support organization", to provide us with consumer reports. On occasion, that source may contact you or a neighbor, either by phone or in person, to provide us a report. As the Named Insured, you have the right to request that you or your spouse be contacted for a personal interview that will be part of the report. If this option is chosen, we will make every effort to comply with your request.

We may also obtain information from consumer reporting agencies and other sources for purposes other than underwriting, such as when processing claims, investigating potential fraud, or servicing your account. For example, we may obtain financial information relating to health and employment during the processing of a claim. Please note: information obtained from a report prepared by a consumer reporting agency or insurance support organization may be retained by that organization and disclosed to other persons who use these reports without your authorization.

As required by the Fair Credit Reporting Act, we are notifying you that we may investigate your character, general reputation, personal characteristics and mode of living, whichever are applicable. Additional information regarding the nature and scope of any such investigation requested will be furnished to you, upon your written request.

### Types of Information Collected

The information that is collected is used to help us decide if you qualify for the insurance for which you have applied and to perform additional insurance functions.

In connection with the underwriting and/or servicing of policies covering your personal vehicles, we may obtain information including information relating to the use of your vehicle(s), ages, drivers, mileage, items relating to the drivers such as personal habits and characteristics, credit information, prior accidents and driving violations, prior arrests or convictions, claims history, and previous insurance experience.

In connection with the underwriting and/or servicing of policies covering your real and personal property, we may obtain information including information relating to construction type, square footage, heating, other physical characteristics of the property, credit information, claims history, and previous insurance experience.

### What We Do With The Information We Collect About You

We use the information we collect about you to perform insurance functions, including underwriting and servicing your policy, processing claims, and for other purposes permitted by state and federal law. For example, we may disclose this information, as permitted by law, without your prior authorization, to:

- Agents, brokers or sales representatives
- Adjusters, appraisers, investigators, and attorneys
- Persons or organizations who need the information to perform a business, professional or insurance function for us, such as businesses that help us with data processing or marketing
- Another insurance company or insurance support organization, to detect or prevent criminal activity or fraud in connection with an insurance transaction, or to perform an insurance transaction
- A medical professional or institution:
  - 1) to verify insurance coverage or benefits
  - 2) to inform you of a medical condition of which you may not be aware
  - 3) to conduct an audit
  - 4) to determine whether services were reasonable and necessary

- An insurance regulatory authority
- Law enforcement or other governmental authority
- Persons or organizations conducting actuarial or research studies; however, no individuals will be identified in any report
- Our affiliated companies as described in our Privacy Notice sent to you with your policy
- To respond to an administrative or judicial order, including a search warrant or a subpoena
- A party to a proposed sale, transfer, merger, or consolidation of all or part of the company underwriting your policy

**Access and Correction of Information**

You have the right to know the contents of any recorded personal information about you that is in our policy or claim records, including any investigative consumer report we have obtained. You also have the right to receive a copy of this personal information and to request that we correct, amend or delete any of the information that you feel is in error.

To exercise either of these rights, you must send us a written request. In your request, please indicate what you believe is incorrect and your reasons. If, after we review the recorded personal information and your request, we determine the requested changes are in order, we will make the changes to our records. If we deny your request, you have the option of filing a statement of the reasons why you disagree with our decision. Your statement will be attached to our records so that any one reviewing the disputed information will see it. Any future disclosures by us will include your filed statement. Whether we can or cannot comply with your request to correct recorded personal information, we will advise you of our decision in writing within 30 days of your request. We will provide a copy of any correction or statement to anyone that you designate who may have received information from us in the past two years.

These rights do not apply to privileged information. This type of information is generally obtained in connection with or when the possibility of a claim or civil or criminal proceeding exists. Privileged information may also be collected when an applicant or Named Insured is suspected of fraud, material misrepresentation or material nondisclosure.

If you file an insurance claim with us involving bodily injury, we may obtain information about your physical or mental condition, medical history, or medical claims history. If your written request asks for this claim information, we will identify who during the previous two years has received or examined the information, and when, to the extent practicable, the information was disclosed.

If you have any questions regarding our information practices, please write to us. For a more rapid response, please include your policy number.

Foremost Insurance Group  
 Antique and Modified Auto - Information Practices  
 P.O. Box 2047  
 Grand Rapids, MI 49501  
 Attention: Underwriting

**Keeping You Informed**

As required by law, we will notify you of our information practices regularly. We reserve the right to modify our practices at any time, when permitted by law.

Signed:      Foremost Insurance Company Grand Rapids, Michigan  
                  Foremost Signature Insurance Company  
                  Foremost Property and Casualty Insurance Company  
                  American Federation Insurance Company  
                  Foremost County Mutual Insurance Company  
                  Foremost Lloyds of Texas

The above is a list of the affiliates on whose behalf this notice is being sent.

## NEW JERSEY COVERAGE SELECTION FORM

### PERSONAL INJURY PROTECTION COVERAGE

PERSONAL INJURY PROTECTION COVERAGE or PIP pays if you or other persons covered under your policy are injured in an automobile accident. It is often called NO-FAULT coverage because it pays your own medical expenses no matter who caused the accident. PIP coverage has two parts: medical expense coverage and the extra PIP package coverage.

#### **PIP Medical Expense Coverage**

PIP Medical Expense Coverage pays hospitals, doctors and other medical providers for treatment of injuries from automobile accidents. It also pays for medical equipment you may need.

The medical expense coverage limit is \$250,000 per person per accident.

#### **Health Insurer for PIP Option**

You may choose your health coverage provider to pay medical expenses for injuries you sustain in an auto accident instead of your automobile insurer. 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 do not offer the Health Care Primary option.

You must maintain your health coverage. If you are in an accident and your coverage is no longer in effect, your auto insurer must pay PIP medical benefits. However, you will be required to pay a \$750 additional deductible.

I choose the health insurer for PIP option.

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

1. \_\_\_\_\_ Policy/Group #/Certificate # \_\_\_\_\_

2. \_\_\_\_\_ Policy/Group #/Certificate # \_\_\_\_\_

#### **Added Personal Injury Protection**

The following package of additional benefits goes with your PIP medical expense coverage. You may choose not to receive the extra PIP package benefits and only have your PIP coverage be for medical expenses. Alternatively, you may choose higher limits of income continuation, essential services, death and funeral benefits.

I choose the standard PIP Medical Expense Limit of \$250,000.

I choose to have the following Added Personal Injury Protection Coverage:

Check One	Maximum Weekly	Maximum Total	Maximum Per Day	Maximum Total	Funeral Expenses	Death Benefits
<input type="checkbox"/>	\$100	\$10,400	\$12	\$8,760	\$2,000	\$10,000
<input type="checkbox"/>	\$125	13,000	20	14,600	2,000	10,000
<input type="checkbox"/>	\$175	18,200	20	14,600	2,000	10,000
<input type="checkbox"/>	\$250	26,000	20	14,600	2,000	10,000
<input type="checkbox"/>	\$400	41,600	20	14,600	2,000	10,000
<input type="checkbox"/>	\$500	52,000	20	14,600	2,000	10,000
<input type="checkbox"/>	\$600	62,400	20	14,600	2,000	10,000
<input type="checkbox"/>	\$700	72,800	20	14,600	2,000	10,000

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## **LAWSUIT OPTIONS**

You must make a choice about the rights you will have if you are injured in an automobile accident. The choice you make will apply to you, your spouse, children and other relatives living with you who are not covered under another automobile insurance policy.

You must choose one of these two options. If you do not make a choice, you will receive the limitation on lawsuit option. The limitation on lawsuit option will decrease your premium. It is also important to remember that these 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.

### **Limitation on Lawsuit Option**

Under the limitation on lawsuit option, you agree not to sue the person who caused an accident for your pain and suffering unless you sustain one of the injuries that appears on this list:

- death;
- dismemberment;
- significant disfigurement or significant scarring;
- a displaced fracture;
- loss of a fetus; or
- permanent injury within a reasonable degree of medical probability other than scarring or disfigurement. 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.

### **No Limitation on Lawsuit Option**

Under the no limitation on lawsuit option, you can sue the person at fault in an accident for pain and suffering for any injury, no matter how minor.

- I want the Limitation on Lawsuit Option.
- I want the No Limitation on Lawsuit option. My Combined Single Liability Limit premium will be double if I select the No Limitation on Lawsuit. I understand I can contact my agent or broker 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.

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**UNINSURED/UNDERINSURED MOTORISTS COVERAGE****Uninsured Motorists Coverage**

Uninsured motorists coverage protects you if you are in an accident caused by someone who does not have the minimum level of insurance required by law. Claims that you would have made against the driver who was at fault are paid by your own policy up to the limits of your own uninsured motorists coverage. Your uninsured motorists coverage may not have a limit higher than your own bodily injury liability coverage limit. Uninsured motorists coverage does not benefit the uninsured driver.

**Underinsured Motorists Coverage**

Underinsured motorists coverage protects you if you are in an accident caused by someone who is insured but who has lower liability limits than your underinsured motorists limits. If your damages are greater than the limits of the other driver's policy, you can make a claim against your own policy for the amount of damages not covered by the other driver's policy up to the difference between the limits of your underinsured motorists coverage and the other driver's policy limit.

**Limits:** You are required to have uninsured motorists coverage at the minimum liability limit. Uninsured/Underinsured motorists coverage is sold together and is available up to the limits of your liability coverage.

For further information regarding coverages or premiums, please contact your agent.

You may choose one of the following higher limits of Uninsured/Underinsured Motorists Coverage, up to your Bodily Injury Liability Insurance Limit:

\$15/30     \$25/50     \$50/100     \$100/300     \$250/500     \$300/300     \$500/1000

You may choose one of the following higher limits of Uninsured Motorists Property Damage Coverage, up to your Property Damage Liability Insurance Limit. Uninsured Motorists Property Damage Coverage has a \$500 deductible:

\$ 5,000     \$25,000     \$100,000     \$300,000  
 \$10,000     \$50,000     \$250,000

You may choose one of the following higher limits of Uninsured/Underinsured Motorists Coverage, up to your Single Liability Limit:

\$35,000     \$100,000     \$300,000     \$500,000     \$1,000,000

I understand if I do not make a selection, Uninsured/Underinsured Motorists Coverages will be added at my Liability Limits.

Signature Of Applicant Or Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Applicant Or Named Insured(Please Print) \_\_\_\_\_ Policy No. \_\_\_\_\_

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**Statement of Insured or Applicant:**

I understand the coverages and limits available to me, including Uninsured/Underinsured Motorists Coverages, and my selections are shown in this application. 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 written request that a change be made.

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.

Signature Of Applicant Or Named Insured \_\_\_\_\_ Date \_\_\_\_\_

Applicant Or Named Insured(Please Print) \_\_\_\_\_ Policy No. \_\_\_\_\_

**WARNING:** Insurers or their producers or representatives shall not be held liable for your 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 liable if you choose not to purchase higher limits of Uninsured/Underinsured Motorists Coverage. 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.