

STANDARD COVERAGE SELECTION FORM

This Standard Coverage Selection Form is for a Standard Policy (see Buyer's Guide, page 3). A Basic Policy, with a minimum of benefits, at a lower cost, is also available. A Special Policy with a very low premium is also available for persons enrolled in Medicaid. Contact your insurer or producer for more information.

1. Liability Coverage (Buyer's Guide, page 2)

Bodily Injury (per person/per accident)

- 15,000 / 30,000
 25,000 / 50,000
 50,000 / 100,000
 100,000 / 300,000
 250,000 / 500,000
 Other* _____

Property Damage (Buyer's Guide, page 2)

- 5,000
 10,000
 25,000
 50,000
 100,000
 150,000**
 200,000**
 250,000*
 500,000*
 Other* _____

Combined Single Limit (CSL) Bodily Injury and Property Damage

- 100,000
 300,000
 500,000*

*prior Underwriting approval necessary for these limits

**available to Metropolitan Property and Casualty Insurance Company only

2. Personal Injury Protection (PIP). (Buyer's Guide, page 4)

A. PIP Medical Expense Limits

Personal Injury Protection (PIP) (Buyer's Guide, page 4)

- I choose the standard PIP Medical Expense Limit of \$250,000 which includes income continuation, essential services, death benefits and funeral expense benefits as well as medical expense benefits, or
 I choose one of the lower PIP Medical Expense Limits below.

WARNING: Prior to December 21, 1998, 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 6% to 8% (\$22 to \$29) reduction in the PIP premium
 \$75,000* for 18% to 20% (\$66 to \$74) reduction in the PIP premium
 \$50,000* for a 22% to 24% (\$81 to \$88) reduction in the PIP premium
 \$15,000* for a 28% to 30% (\$103 to \$110) 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.

- PIP Medical Expenses Only Coverage, for a 4% to 6% (\$15 to \$22) savings in the semi-annual PIP premium.

PIP Medical Expenses Deductible. Choose only one:

- \$250 deductible, minimum required by law.
 \$500 deductible, for 3% to 5% (\$11 to \$18) reduction in the PIP premium.
 \$1,000 deductible, for a 12% to 14% (\$44 to \$52) reduction in the PIP premium.
 \$2,000 deductible, for a 19% to 21% (\$70 to \$77) reduction in the PIP premium.
 \$2,500 deductible, for a 21% to 23% (\$77 to \$85) reduction in the PIP premium.

B. Added Personal Injury Protection

Note: This option is not available if you have selected PIP Medical Expenses Only coverage. Contact your insurance company or insurance producer (i.e., agent or broker) for details.

Options	Income Benefit		Essential Service Benefit		Death Benefit	Funeral Benefit
	Weekly	Total	Per Day	Total		
<input type="checkbox"/>	\$ 100	\$ 10,400	\$ 12	\$ 8,760	\$ 10,000	\$ 2,000
<input type="checkbox"/>	125	13,000	20	14,600	10,000	2,000
<input type="checkbox"/>	175	18,200	20	14,600	10,000	2,000
<input type="checkbox"/>	250	26,000	20	14,600	10,000	2,000
<input type="checkbox"/>	400	41,600	20	14,600	10,000	2,000
<input type="checkbox"/>	500	52,000	20	14,600	10,000	2,000
<input type="checkbox"/>	600	62,400	20	14,600	10,000	2,000
<input type="checkbox"/>	700	72,800	20	14,600	10,000	2,000
<input type="checkbox"/>	100		12	8,760	10,000	2,000
<input type="checkbox"/>	125		20	14,600	10,000	2,000
<input type="checkbox"/>	175	un-	20	14,600	10,000	2,000
<input type="checkbox"/>	250	limited	20	14,600	10,000	2,000
<input type="checkbox"/>	400		20	14,600	10,000	2,000
<input type="checkbox"/>	500		20	14,600	10,000	2,000
<input type="checkbox"/>	600		20	14,600	10,000	2,000
<input type="checkbox"/>	700		20	14,600	10,000	2,000

Extended Medical Expense - \$9,000 Limit

Extends to Named Insured and dependent relatives residing in the same household.

C. PIP Health Insurance Option. Choose if you want your health insurer, other than Medicare or Medicaid, to be your primary carrier to pay your auto accident-related medical benefits. Check with your employer or health insurer to see if you are eligible and request an answer in writing. To choose this option, health coverage must cover the named insured and members of his family residing in the household.

Yes, I choose the PIP health insurer option.

Note: Your auto insurance company may invalidate this option selection and request payment of the discounted premium amount if it checks but cannot verify that (1) your health coverage is in effect, and (2) your health insurer will provide primary coverage for your auto accident-related medical expenses.

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

Name of Health Insurer	Policy/Group/Certificate Number
1.	
2.	

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

3. Uninsured/Underinsured Motorists Coverage (Buyer's Guide, page 8)

You may choose one of the following limits of Uninsured/Underinsured Motorists Coverage up to your Liability Coverage limit.

Bodily Injury (per person/per accident)

- 15,000 / 30,000
 25,000 / 50,000
 50,000 / 100,000
 100,000 / 100,000
 100,000 / 300,000
 250,000 / 500,000
 300,000 / 300,000
 500,000 / 500,000
 Other* _____

Property Damage (Buyer's Guide, page 3)

- 5,000 10,000 25,000 50,000 100,000
 150,000** 200,000** 250,000 500,000
 Other* _____

*prior Underwriting approval necessary for these limits

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4. **Collision Coverage** (Buyer's Guide, page 8)

The basic collision deductible is \$750.

If you choose a deductible of \$1,000, \$1,500, \$2,000, \$2,500* or \$5,000*, the premium will be proportionately **less** than the premium with the basic \$750 deductible.

If you choose a deductible of \$50, \$100, \$200, \$250, \$300 or \$500, the premium will be proportionately **more** than the premium with the basic \$750 deductible.

Please contact us if you wish details as to premiums for the various collision deductibles available.

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Vehicle Number	Year	Make	Model		
1				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.
2				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.
3				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.
4				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.
5				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.
6				<input type="checkbox"/> Yes, with \$_____ deductible.	<input type="checkbox"/> No, I do not wish to be covered for collision damage.

WARNING: You may not be able to add collision coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your insurance company immediately.

5. **Comprehensive Coverage** (Buyer's Guide, page 8)

The basic comprehensive deductible is \$750.

If you choose a deductible of \$1,000, \$1,500, \$2,000, \$2,500* or \$5,000* the premium will be proportionately **less** than the premium with the basic \$750 deductible.

If you choose a deductible of \$0, \$50, \$100, \$150, \$200, \$250 or \$500, the premium will be proportionately **more** than the premium with the basic \$750 deductible.

You may choose no deductible.

Please contact us if you wish details as to premiums for the various collision deductibles available.

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Vehicle Number	Year	Make	Model		
1				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.
2				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.
3				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.
4				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.
5				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.
6				<input type="checkbox"/> Yes, with \$ _____ deductible. <input type="checkbox"/> *Include Safety Glass Breakage.	<input type="checkbox"/> No, I do not wish to be covered for comprehensive damage.

WARNING: You may not be able to add comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your insurance company immediately.

6. Lawsuit Threshold (Buyer's Guide, page 10)

- Yes. I want the Lawsuit Threshold.
- No. I want No Threshold. My bodily injury liability premium will be 215% to 286% higher if I select No Threshold option instead of the Lawsuit Threshold, 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 \$90 to \$1470 higher on each semi-annual renewal, if I select the No Threshold option instead of the Lawsuit Threshold. I understand that I can contact my insurance company or my insurance producer (i.e., agent or broker) for specified details.

Note: Insurance companies or their producers or representatives shall not be held liable in an action for damages either on account of the choice of a tort option (lawsuit threshold/verbal threshold or no threshold) made by an insured or on account of the tort option imposed by law if no choice is made, except for damages caused as the result of a willful, wanton or grossly negligent act of commission or omission.

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for uninsured and underinsured motorists 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 insurance company or its insurance producer with the company's binding authority receives my request that a change be made.

For new policyholders, I understand that: (a) if I do not make a written choice for Item 6, I will receive the Lawsuit Threshold option; (b) if I carry collision or comprehensive coverage without making a written choice for Item 4 or Item 5, I will receive the \$750 deductible; and (c) if I do not make a written choice for the PIP health insurer option in Item 2, my auto insurer will be the primary health insurer for PIP medical expense benefits. 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 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 and mid-term policy changes, the choices on this Form are effective 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 insurance company or by an insurance producer (i.e., agent or broker) with the company's binding authority; and (2) for changes upon renewal, the changes to be made on this Form are effective on the date of the next policy renewal if postmarked or received by the insurance company or by an insurance producer (i.e., agent or broker) with the company's binding authority prior to the renewal date.

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

PLEASE RETURN THE ENTIRE FORM AND BE SURE TO COMPLETE YOUR NAME AND POLICY NUMBER ON THE FIRST PAGE.

Signature

Date

Please return this form to: