

Universal wording updates to improve clarity and intent were made to all FIG text for this form on 11/13/2009.

Section Name	Field Name	Field and/or Section Description
TITLE ACORD 62 NJ (2006/10)	New Jersey Auto Supplement Basic Policy Coverage Selection Form	The title of the form. ACORD 62 NJ, New Jersey Auto Supplement Basic Policy Coverage Selection Form, is prescribed by the New Jersey Division of Insurance. It provides for selection of coverages under the "basic" insurance policy, and refers to ACORD 61NJ, Auto Insurance Buyers Guide. It should be used with all applications for the Basic policy.
IDENTIFICATION SECTION	Producer	Enter text: The full name of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address line one of the producer/agency.
IDENTIFICATION SECTION		Enter text: The mailing address city name of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address state or province code of the producer/agency.
IDENTIFICATION SECTION		Enter code: The mailing address postal code of the producer/agency.
IDENTIFICATION SECTION	Code	Enter code: The identification code assigned to the producer (e.g. agency or brokerage firm) by the insurer.
IDENTIFICATION SECTION	Subcode	Enter code: The identification code assigned by the insurer to the sub-producer (e.g. person) within a producer's office (e.g. agency or brokerage).
IDENTIFICATION SECTION	Applicant/Named Insured	Enter text: The named insured(s) as it/they will appear on the policy declarations page.
IDENTIFICATION SECTION	Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	Policy #	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence.
BODILY INJURY LIABILITY	Yes, I Choose the \$10,000 Bodily Injury Liability Limit	Check the box (if applicable): Indicates the named insured has selected bodily injury coverage with a \$10,000 limit.
BODILY INJURY LIABILITY	No, I do not choose to have Bodily Injury Liability Coverage	Check the box (if applicable): Indicates the named insured has rejected bodily injury coverage.
PERSONAL INJURY PROTECTION	\$250	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$250.

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PERSONAL INJURY PROTECTION	\$500	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$500.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$1,000	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$1,000.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$2,000	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,000.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	\$2,500	Check the box (if applicable): Indicates the named insured has selected a PIP Medical Expense Deductible of \$2,500.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The minimum percentage the premium will be reduced based on the deductible selected.
PERSONAL INJURY PROTECTION	Percent (%)	Enter percentage: The maximum percentage the premium will be reduced based on the deductible selected.
COLLISION COVERAGE	No, I choose not to be covered for collision damage	Check the box (if applicable): Indicates the named insured has rejected collision coverage.
COLLISION COVERAGE	Yes, I choose to be covered for collision damage with the basic \$750 deductible	Check the box (if applicable): Indicates the named insured has selected a \$750 deductible for collision coverage.
COLLISION COVERAGE	Yes, I choose to be covered for collision damage with the deductible checked below.	Check the box (if applicable): Indicates the vehicle has collision coverage.
COLLISION COVERAGE	\$1,000	Check the box (if applicable): Indicates the deductible for collision coverage is \$1000.
COLLISION COVERAGE	\$1,500	Check the box (if applicable): Indicates the named insured has selected a \$1,500 deductible for collision coverage.

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COLLISION COVERAGE	\$2,000	Check the box (if applicable): Indicates the named insured has selected a \$2,000 deductible for collision coverage.
COLLISION COVERAGE	\$100	Check the box (if applicable): Indicates the deductible for collision coverage is \$100.
COLLISION COVERAGE	\$150	Check the box (if applicable): Indicates the named insured has selected a \$150 deductible for collision coverage.
COLLISION COVERAGE	\$200	Check the box (if applicable): Indicates the deductible for collision coverage is \$200.
COLLISION COVERAGE	\$250	Check the box (if applicable): Indicates the deductible for collision coverage is \$250.
COLLISION COVERAGE	\$500	Check the box (if applicable): Indicates the deductible for collision coverage is \$500.
COMPREHENSIVE COVERAGE	No, I choose not to be covered for comprehensive damage	Check the box (if applicable): Indicates comprehensive coverage has been rejected in its entirety.
COMPREHENSIVE COVERAGE	Yes, I choose to be covered for comprehensive damage with the basic \$750 deductible	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$750.
COMPREHENSIVE COVERAGE	Yes, I choose to be covered for comprehensive damage with the deductible checked below.	Check the box (if applicable): Indicates the vehicle has comprehensive coverage.
COMPREHENSIVE COVERAGE	\$1,000	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1000.
COMPREHENSIVE COVERAGE	\$1,500	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$1,500.
COMPREHENSIVE COVERAGE	\$2,000	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$2,000.
COMPREHENSIVE COVERAGE	\$100	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$100.
COMPREHENSIVE COVERAGE	\$150	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$150.
COMPREHENSIVE COVERAGE	\$200	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$200.
COMPREHENSIVE COVERAGE	\$250	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$250.
COMPREHENSIVE COVERAGE	\$500	Check the box (if applicable): Indicates the deductible for comprehensive coverage is \$500.
STATEMENT OF INSURED OR APPLICANT	NEW POLICY	Check the box (if applicable): Indicates the response expected from the company is a new issued policy.
STATEMENT OF INSURED OR APPLICANT	Mid-Term Change	Check the box (if applicable): Indicates this form is for a mid-term change request.

Section Name	Field Name	Field and/or Section Description
STATEMENT OF INSURED OR APPLICANT	Renewal Change	Check the box (if applicable): Indicates this form is for a renewal change request.
STATEMENT OF INSURED OR APPLICANT	Signature of Named Insured or Applicant	Sign here: Accommodates the signature of the applicant or named insured.
STATEMENT OF INSURED OR APPLICANT	Date	Enter date: The date the form was signed by the named insured.
Edition	Date	The edition identifier of the form including the form number and edition (the date is typically formatted YYYY/MM).