



New Jersey Property-Liability Insurance Guaranty Association

New Jersey Surplus Lines Insurance Guaranty Fund
Unsatisfied Claim and Judgment Fund
Workers' Compensation Security Fund

233 Mount Airy Road ❖ Basking Ridge, New Jersey 07920
Tel: (908) 382-7100
www.njguaranty.org

EMB Claim Number: _____

PIP COVERAGE SELECTION FORM

Insurer Seeking Reimbursement:

(Do not use group name)

Insurer Claim Number: _____ Date of Loss: _____

Injured Party: _____

Insured Name: _____

Insured Address: _____

Policy Number: _____ Policy Period: _____ to _____

Description of Automobile

Make/Model: _____ Color: _____

Year: _____ License Plate No.: _____ State: _____

Vehicle Identification Number (VIN): _____

Personal Injury Protection Coverage:

Medical expense benefits limit: \$ _____

PIP medical deductible: \$ _____

Health insurance primary: Yes No
(Check One)

March 22, 1999 no-fault laws apply: Yes No
(Check One)

Signature: _____

Name and Title (Print): _____

Telephone Number: _____ Date: _____