

APPENDIX

PAYMENT COMPARISON FORM

PLAN'S INSTALLMENT PLAN		PREMIUM FINANCE PLAN	
Estimated Annual Premium	\$	Estimated Annual Premium	\$
Deposit	\$	Deposit	\$
Balance	\$	Balance	\$
Installment Charge	\$	Finance Charge	\$
Number of Installments		Number of Installments	
Estimated Installment Payment	\$	Estimated Installment Payment	\$
Total Estimated Cost	\$	Total Estimated Cost	\$

You should not sign this form if the chart above has been left blank.

I have read this Form and have chosen the Premium Finance Option.

(Applicant's Signature)

(Date)

Note to Producer

This Form must be attached to the New Jersey Personal Automobile Insurance Plan's Private Passenger Application if the applicant chooses the premium finance option. Failure to attach this Form may result in a violation against your producer performance record.

Any questions concerning this Form may be directed to the Plan's Customer Service Unit at (856) 722-0030

(Producer's Signature)

(Date)