

# NEW JERSEY AUTOMOBILE INSURANCE PLAN RECERTIFICATION APPLICATION

Please review carefully the following information. If any of the information is incorrect or incomplete/missing, please document the correct information in the corresponding section on the supplemental page. If there are no changes, please check the box indicating such. Answer all questions. An agency principal must sign the form in the undertaking section, and return all pages.

## AGENCY/INDIVIDUAL PRODUCER INFORMATION:

Changes/Corrections

<b>License Number:</b>
<b>Producer:</b>
<b>Address:</b>
<b>City,State,Zip:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Email:</b>

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Plan records indicate the following certifications for license number \_\_\_\_\_ as evidenced by the following:

NJAIP

Plan records indicate the following producers able to transact business under the certification for license number:

**PRINCIPALS** - (delete a principal by checking the box next to their name and following the instructions on page 6)

Name

License Number

**EMPLOYEE PRODUCERS** - (Any employee listed below may be deleted by checking the box next to their name)

## BRANCH OFFICES:

Changes/Corrections

<b>Address:</b>
<b>City,State,Zip:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>Email:</b>

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**PLEASE CHECK THE APPROPRIATE BOX:**

THE CERTIFICATION INFORMATION IS CORRECT AS DOCUMENTED ABOVE.

CORRECTIONS/ADD'L INFORMATION IS GIVEN ON THE SUPPLEMENTAL PAGE.

I DO NOT WISH TO RECERTIFY. ATTACHED ARE MY UNUSED SUPPLIES.

# NEW JERSEY AUTOMOBILE INSURANCE PLAN RECERTIFICATION APPLICATION

1. Are you affiliated with any other individual producer or producers(agency(ies))?  YES  NO

If yes, please list each individual's and/or agency's specific information on the supplemental page. An affiliate is defined as any other producer or entity under substantially the same financial ownership and/or managerial control, or any other entity of which you are a principal and/or owner.

2. Are you an officer/principal, owner, or major stockholder with any other agency(ies)?  YES  NO

If yes, please list each agency's(ies) specific information on the supplemental page.

3. Are any producers working in your office who hold a valid New Jersey property/casualty license that currently transact NJAIP business which are not listed on this form?  YES  NO

If yes, please list each producer's specific information on the supplemental page. You must also attach a copy of their current license and they must sign the supplemental page. Any producers added to your certification are required to complete the producer procedures course prior to being added to your certification, unless you can provide a copy of a producer procedures course completion certificate verifying the course has been completed.

4. Do you have any branch office(s) which are not listed on this form?  YES  NO

If yes, please list the branch office(s) information on the supplemental page and attach the branch office(s) license. If the branch office(s) should be certified in NJAIP, please subscribe to the electronic version of the manual (e-manual). See the first paragraph of MANUAL SUBSCRIPTION REQUIREMENTS for instruction on subscribing to the e-manual.

5. Do you have errors and omissions coverage?  YES  NO

If yes, please list the carrier's name and your policy deductible: \_\_\_\_\_

6. Do you have a voluntary automobile insurance company?  YES  NO

If yes, please list the company's(ies) name(s): \_\_\_\_\_

7. Do you or your agency have a business website?  YES  NO

If yes, please list the website address: \_\_\_\_\_

## MANUAL SUBSCRIPTION REQUIREMENTS

**Pursuant to the NJAIP Manual, producers are required to maintain a manual subscription for the duration of their certification. Please provide the e-mail address associated with your manual subscription. If you are not subscribed you must do so at [www.aipso.com/nj](http://www.aipso.com/nj) and click "register" to create your aipso.com user name and password. Once registered, select the "manuals" then select the New Jersey AIP).**

**E-MAIL:** \_\_\_\_\_

**FAILURE TO MAINTAIN YOUR SUBSCRIPTION TO THE ELECTRONIC VERSION OF THE MANUAL (E-MANUAL) WILL PROHIBIT YOU FROM BEING RECERTIFIED IN NJAIP AND WILL RESULT IN YOUR CERTIFICATION STATUS BEING CHANGED TO FORMERLY CERTIFIED.**

## SPECIAL INVESTIGATIONS UNIT ACKNOWLEDGMENT

By signing the application the producer acknowledges the obligation to cooperate with the Special Investigations Unit in compliance with Article 65 of the NJAIP and Article 24 of the NJSAIP Manuals.

**NJAIP CERTIFIED PRODUCERS ONLY ADDITIONAL QUESTIONS - ALL QUESTIONS MUST BE ANSWERED**

1. Does the applicant hold a valid New Jersey insurance producer license?  YES  NO
2. Will the applicant abide by the Performance Standards for Producers and the rules and procedures of the New Jersey AIP, applicable regulations of the New Jersey Department of Banking and Insurance, and Insurance laws of the State of New Jersey?  YES  NO
3. Does the applicant have any outstanding valid NJAIP complaints?  YES  NO
4. Has the applicant ever been the subject of any administrative action instituted in any other involuntary automobile insurance mechanism in New Jersey or any other state that resulted in the revocation or suspension of the producer's license or certification privileges or similar authority to conduct business in the mechanism?  YES  NO
5. Has the applicant ever been the subject within the last five (5) years, of any administrative action instituted by the New Jersey Department of Banking and Insurance, (that is, issuance of an Order to Show Cause, issuance of an Order pursuant to N.J.S.A. 17:22A-20d, etc.) resulting in a fine in excess of \$2,500, including a fine imposed by a Consent Order?  YES  NO
6. Has the applicant ever been the subject of any administrative action instituted by any other licensing authority of New Jersey or any other state or federal government that resulted in the suspension or revocation of license privileges of the applicant?  YES  NO
7. Has the applicant ever been the subject of a Plan, Assigned or Servicing Carrier Complaint to a State Department of Insurance or to a state or federal investigative authority, or a named defendant in a civil action brought by the Plan, Assigned or Servicing Carrier alleging fraud, misrepresentation or gross negligence with regard to the contents of an application, the necessary information to rate or write a policy, a claim, or any other information material to underwriting a risk?  YES  NO
8. Does the applicant have any unsatisfied indebtedness to any New Jersey involuntary automobile insurance mechanism, including balances on commission accounts? (including AFIUA and MTF.)  YES  NO
9. Does the applicant have any unsatisfied judgments against him/her that arise out of the production of insurance business, or that otherwise adversely reflect on the producer's ability to meet the fiduciary responsibilities of a Plan certified producer?  YES  NO
10. Is the applicant owned, operated, or controlled, either directly or indirectly by any person, partnership, or corporation, who has had an insurance license suspended or revoked by New Jersey or any other state, or who has been convicted of any crime adversely reflecting on his/her ability to meet the fiduciary responsibilities of a Plan certified producer?  YES  NO

**If you answered YES to any question from 3 thru 10, you must submit appropriate documentation in order to be considered for RECERTIFICATION**

**UNDERTAKING**

The applicant \_\_\_\_\_ undertakes that in the event of certification as a producer of Plan business, the applicant will:

1. Read and become thoroughly familiar with the New Jersey Automobile Insurance Plan of Operation, the manual and any revisions, amendments or notices with reference to same, which are issued hereafter.
2. Comply with and perform all duties in accordance with the aforementioned Plan of Operation, Plan Manual, notifications and amendments, and in addition, comply with any directive received from the Plan staff or Governing Committee or the New Jersey Department of Banking and Insurance with reference thereto or with reference to any applicant for insurance under the Plan, any Plan insured, or any company under the Plan.
3. In the event the Producer violates or fails to perform any of the above undertakings, it is understood and agreed that the Plan and/or Governing Committee and/or their duly constituted representatives or committees may revoke, suspend, or condition the producer's right to do business with the Plan or in connection with any insurance written through the Plan or renewals thereof. During such period of suspension or revocation, the producer may not be entitled to compensation, which would otherwise become due for insurance effective during said period.
4. The Plan shall have the right at any time to demand and receive the return of any identification cards, applications and Plan forms. Producers agree to promptly comply with any such request. Any notice by the Plan or any of the Plan's staff or the Governing Committee in connection with this subsection may be sent by ordinary mail except that in the event of a revocation or suspension of the certification of a Producer, notice shall be sent by certified mail, return receipt requested.

The undertaking shall apply if the action(s) charged against the applicant are due to acts of any subsidiary or affiliate of the applicant as defined in the Plan of Operation. Certification shall not be construed as constituting the producer as an agent of the New Jersey Automobile Insurance Plan or of any insurer to which an applicant is assigned.

Under the penalty of perjury, I (we) affirm that the statements made in the foregoing application are true and hereby subscribe thereto and that I (we) fully understand the undertaking made in the UNDERTAKING section and I (we) agree thereto and subscribe thereto.

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Print Name of Individual Applicant	Signature of Individual	Date
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In the event that this is an application of an entity other than an individual, all officers of the producer shall individually sign and subscribe to the foregoing application and undertaking with the same force and effect as if each of the following persons was the applicant.

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Print Agency Principal Name	Signature	Title	Date
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Print Agency Principal Name	Signature	Title	Date
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# **SUPPLEMENTAL PAGE**

## **PRINCIPAL(S)**

Principal : \_\_\_\_\_ License No. : \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

SS/FE: \_\_\_\_\_ Signature: \_\_\_\_\_

## **PRINCIPAL(S)**

Principal : \_\_\_\_\_ License No. : \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

SS/FE: \_\_\_\_\_ Signature: \_\_\_\_\_

## **AFFILIATE(S)/BRANCH OFFICE(S)**

Affiliates: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

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

SS/FE: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## **AFFILIATE(S)/BRANCH OFFICE(S)**

Affiliates: \_\_\_\_\_ License No.: \_\_\_\_\_

Address: \_\_\_\_\_

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

SS/FE: \_\_\_\_\_ Telephone #: \_\_\_\_\_

# **ADDITION(S)/DELETION(S)**

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency License Number

**Request the addition/deletion of the following representatives to/from our certification:**

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

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency Principal Signature

## **Addition/Deletion of Principals**

**If an agency principal is being added and/or deleted, you must first notify the Department of Banking and Insurance. Once the change has been recorded with DOBI, please contact the Licensing Division at the DOBI and request a copy of the “Manual Certification of License Status” and include with your request. The telephone number for the DOBI is (609) 292-4337. Please note, that agency principals cannot be added or deleted to your certification list without first notifying the DOBI.**

**Please be advised all employee producers and principals are required to attend the Producer Procedure Course, prior to being added to the certification.**

**Request the addition/deletion of the following principals to/from our certification:**

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Principal Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency Principal Signature

**\* Please be reminded, the Plan must receive the Manual Certification of License Status from the Department of Banking & Insurance when adding/deleting agency principals.**