

# NEW JERSEY SPECIAL AUTOMOBILE INSURANCE PLAN PAYMENT COMPARISON FORM

PLAN INSTALLMENT OPTION		PREMIUM FINANCE PLAN	
Annual Premium	\$360.00	Annual Premium	\$360.00
Installment Charge	\$ 5.00	Finance Charge	\$
Deposit	\$185.00	Deposit	\$
Balance	\$180.00	Balance	\$
Number of Installments	one	Number of Installments	
Installment Payment	\$180.00	Estimated Installment Payment	\$
Total Estimated Cost	\$365.00	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 Special Automobile Insurance Plan 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)