

# New Jersey Personal Automobile Insurance Plan

P.O. Box 6530, Providence, RI 02940-6530

## POLICY CHANGE REQUEST

Complete All Applicable Sections and MAIL TO ASSIGNED COMPANY (if known)

If An Assignment Has Not Yet Been Received, Forward Directly to The NJPAIP.

☐ **CANCELLATION OF POLICY ONLY** (attach the policy and complete Sections 1, and 8)

Reason for cancellation: \_\_\_\_\_

DATE

1. NAME OF ASSIGNED COMPANY

POLICY NUMBER

EFFECTIVE DATE OF CHANGE

NAMED INSURED/MAILING ADDRESS ☐ Check if changed

PRODUCER NAME

PRODUCER'S LICENSE NUMBER

TELEPHONE NUMBER (incl. area code)

### TYPE OF CHANGE: (A) ADD, (C) CHANGE/REPLACE or (D) DELETE

#### 2. GARAGE LOCATION (if different than mailing address) Must complete section 3c

Type of Change

Veh. No.

Address and Zip Code

#### 3. VEHICLE DESCRIPTION/USE (Submit copy of registration for add or change/replace of a vehicle.)

a.

Vehicle

Year

Make

Deletion ☐

Attach proof of vehicle disposal.

Vehicle Identification No.

b.

Type of Change

Year

Make

Model Name & Body Style

c.

Type of Change

☐ Pleasure  
☐ Work

☐ Business  
☐ Farm

☐ Car Pool  
\_\_\_\_\_ Days per week

Vehicle Identification No.

Odometer Reading

Trailer/Motor  
home Length

Principal Address of Garaging

Miles to Work, School  
or Transportation

Purchased  
Mo. Yr.

New ☐  
Used ☐

Cost

Motorcycle cc's

Passive Restraint  
☐ Driver's side  
☐ Both sides

State Registered In

Address as Appears on Registration

Vehicle Equipped with Anti-Theft Device ☐ Yes ☐ No. If "Yes," complete Anti-Theft Certification Form

Territory

Rate Class

Penalty Points

Symbols

Comp.

Coll.

d.

Vehicle Owner Name (if different from insured)

Address

#### 4. LOSS PAYEE/LESSOR

Type of Change

Veh. No.

Name, Address, Zip Code

#### 5. COVERAGES: (As Provided In Rules of the Plan.) (Same Limits of Liability Must be Purchased For All Vehicles.) (Coverage Selection Form must be completed and attached.)

Type of Change

Bodily Injury Liability/Combined Single Limit ☐ Lawsuit Threshold ☐ No Threshold .....

Property Damage Liability .....

Personal Injury Protection ☐ Primary or ☐ Secondary .....

☐ Deletion of Benefits other than Medical

Deductibles ☐ \$250 ☐ \$500 ☐ \$1000 ☐ \$2000 ☐ \$2500

Extended Medical Expense ☐ Reject \_\_\_\_\_ Applicant's Initials .....

\$10,000 Aggregate per Accident (Not Applicable for Motorcycles)

Additional PIP Coverage Option (Not Applicable for Motorcycles) .....

Uninsured (Includes Underinsured) Motorists (May be purchased in limits up to your liability limits) .....

Comprehensive (Other Than Collision) Must comply with NJ mandatory physical damage requirement .....

Collision – Must comply with NJ mandatory physical damage inspection requirement .....

☐ Custom Equipment (other than original manufacturer equipment)

Actual Cash Value Above \$1,000: \$ \_\_\_\_\_ (Submit required documentation)

Limits/Deductibles	Premium
Estimated Premium \$	

#### ADDED PERSONAL INJURY PROTECTION – Resident Relatives

Deposit Premium \$ \_\_\_\_\_

Resident Relatives Names (Show others in remarks or separate sheet)

Date of Birth

Relationship

6. OPERATOR INFORMATION	
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Type of Change	Oper. No.	Name	Sex	Marital Status	Relation to Insured	Date of Birth	Date Lic.	Occupation	
Driver Training	Vehicle Use % Veh. 1      Veh 2		Driver License Number			License State	Additional Information		Penalty Points

**6a. ACCIDENTS:** Has any additional operator, been involved, either as owner or operator, in ANY motor vehicle accident during the past THIRTY-SIX months? ☐ Yes ☐ No. If "Yes," complete the following (If necessary, use separate sheet):

Dr No.	Name of Operator	Accident Date	Total Amt. Paid by an insurer (Include payments to yourself)	Penalty Points
			\$	
			\$	
			\$	

For any accident considered non-chargeable under the provisions of this Plan, please list the date and reason why the accident is not chargeable.

**6b. CONVICTIONS:** Has any additional operator, other than one who is named insured on another policy been CONVICTED, FORFEITED BAIL, or PLEADED NO CONTEST to any motor vehicle violation at any time during the immediately preceding THIRTY-SIX months? ☐ Yes ☐ No. If "Yes," complete the following. (A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.) If additional space is necessary, attach separate sheet.

Dr No.	Name of Operator	Date of Conviction	Nature of Violation	Place of Conviction		Penalty Points
				Town	State	

## 7. REMARKS:

8. **EFFECTIVE DATE:** Coverage will be effective in accordance with the provisions of the New Jersey Personal Automobile Insurance Plan.  
**IN NO EVENT SHALL ADDITIONAL COVERAGE BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS REQUEST FORM.**

Policy Change Request Form Completed By: \_\_\_\_\_  
(PRINT NAME IN FULL)

By \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_  
(Producer's Signature) Month Day Year ☐ A.M.  
☐ P.M.

## INSURED'S STATEMENT

I declare and certify that: To the best of my knowledge and belief that all statements contained in the Policy Change Request are true.

\_\_\_\_\_  
(Insured's Signature) Date \_\_\_\_\_ Hour \_\_\_\_\_  
Month Day Year  
☐ A.M.  
☐ P.M.

**NOTICE TO PRODUCER: IF ACKNOWLEDGEMENT OF POLICY CHANGE IS NOT RECEIVED WITHIN 30 DAYS, IMMEDIATELY NOTIFY THE ASSIGNED COMPANY**

**9. ATTACHMENTS (If Applicable)** ☐ Copy of Temporary Insurance Identification Card

- ☐ Coverage Selection Form      ☐ Deposit Premium      ☐ Motor Vehicle Report      ☐ Additional Vehicle(s) Application  
☐ Copy of Non-Payment Cancellation Notice      ☐ Proof of Value      ☐ Copy of Vehicle Registration(s)      ☐ Copy of Drivers License  
☐ Copy of Lease Agreement      ☐ Photograph of Vehicle      ☐ Additional Remarks Sheet      ☐ Driver Training Certificate (Required for Discount)  
☐ Acknowledgement of Requirement for Photo Inspection or New Vehicle Documents      ☐ Anti-Theft Certificate (Required for Discount)