

ALTERNATE APPLICATION REPORT FORM

(FOR USE WHEN A PRODUCER IS UNABLE TO USE EASi)

NEW JERSEY PERSONAL AUTOMOBILE INSURANCE PLAN

SECTION 1. PLAN Check appropriate box

☐ NJPAIP BASIC ☐ NJPAIP STANDARD ☐ NJSAIP

SECTION 2. PRODUCER/APPLICANT INFORMATION

a.	Agency Name (if applicable)	Telephone Number (include area code)	Extension	
	Signing Producer	License Number	Certification Number	
	Mailing Address	City	State	Zip Code
b.	Applicant Name	Applicant's Date of Birth (mm/dd/yyyy)		
	Address	City	State	Zip Code

SECTION 3. EFFECTIVE DATE AND TIME ALTERNATE APPLICATION SUBMISSION PROCEDURE USED

Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

SECTION 4. REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE USED

- ☐ Unable to connect with the internet. Internet-ISP Service provider: _____
- ☐ Other service provider had technical difficulties (Specify difficulties in Section 5.) Service provider: _____
- ☐ Severe weather conditions/natural disaster affected access to/transmittal of data. (Specify location in Section 5.)
- ☐ EASi website unavailable. Provide error message given. _____
- ☐ Computer difficulties (Specify difficulties in Section 5.)
- ☐ Other (Specify in Section 5.)

SECTION 5. SPECIFY REASON(S) ALTERNATE APPLICATION SUBMISSION PROCEDURE WAS USED (Include specific details regarding incident which prohibited use of EASi, if necessary, attach separate sheet of paper.)

SECTION 6. PRODUCER STATEMENT AND SIGNATURE

I hereby certify that the above information is true and accurate to the best of my knowledge and belief. In the event the aforementioned information is found to be inaccurate, the agency's principal/certified producer may be referred to the NJPAIP's Peer Review Panel for appropriate action.

Producer Signature

Date

SECTION 7. PRODUCER INSTRUCTIONS

Attach this form to the paper application completed for the aforementioned applicant and mail both forms to the Plan Office as required by Plan language. If this application is being processed during Plan hours, you must contact 800-652-2471 prior to application completion.

(10/2013 Rev.)

BASIC PERSONAL AUTOMOBILE POLICY APPLICATION NEW JERSEY PERSONAL AUTOMOBILE INSURANCE PLAN

PRODUCER OF RECORD STATEMENT: I hereby certify that I am a licensed producer in the State of New Jersey. I have read the New Jersey PAIP Plan manual, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium, to the extent required by law. I understand that intentional misstatement of information may subject me to penalties as are provided by law, including, but not limited to loss of license.

SECTION 1. PRODUCER OF RECORD											
Producer Last Name/Agency Name					Producer First Name				MI		
Mailing Address				Ste./Apt. No.	City			State	Zip Code		
Producer License No.			Telephone No.				Fax No.				
Signing Producer's Name					Signing Producer's License No.						
SECTION 2. APPLICANT											
Last Name			First Name			MI	Home Telephone No.		Business Telephone No.		
Co-Applicant's Last Name (if applicable)			First Name			MI	County				
Primary Residence Street Address (Required)				Ste./Apt. No.	City			State	Zip Code		
Mailing Address (If different from above)				Ste./Apt. No.	City			State	Zip Code		
Applicant's former addresses (past 3 years)											
Street Address					City			State	Zip Code		
Applicant's Occupation			Nature of Business				Employer's Name				
Street Address					City			State	Zip Code		
Has the applicant been known by a name different than the name on this application? (Please do not include maiden names).											
SECTION 3. OPERATOR INFORMATION (List all operators in household and any other drivers.)											
Applicant and other Drivers	Relationship to Applicant	% Use of each Vehicle				Birth Date Mo./Day/Yr.	Sex M/F	*MS	Driver's License No.	State	Licensed 3 Years? If 'No', give date issued
		V1	V2	V3	V4						
APPLICANT	APPLICANT										<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
*MS Marital Status: S-Single, M-Married, C-Civil Union, W-Widowed, D-Divorced, P-Separated											
Other Driver's Occupation			Nature of Business				Employer's Name				
Street Address					City			State	Zip Code		

Staple check here:



Send completed application, with check/money order and required attachments to:

New Jersey Personal Automobile Insurance Plan
P.O. Box 5415
Mt. Laurel, NJ 08054-5415

SECTION 4. VEHICLE 1—VEHICLE INFORMATION AND VEHICLE USE										
Year		Make		Model			Body Style			
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.		<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New		Odometer Reading					
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work					Principal Street Address of Garaging			Miles one way to work, school or transportation		
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group
								Comp.	Coll.	
SECTION 4. VEHICLE 2—VEHICLE INFORMATION AND VEHICLE USE										
Year		Make		Model			Body Style			
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.		<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New		Odometer Reading					
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work					Principal Street Address of Garaging			Miles one way to work, school or transportation		
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group
								Comp.	Coll.	
SECTION 4. VEHICLE 3—VEHICLE INFORMATION AND VEHICLE USE										
Year		Make		Model			Body Style			
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.		<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New		Odometer Reading					
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work					Principal Street Address of Garaging			Miles one way to work, school or transportation		
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group
								Comp.	Coll.	
SECTION 4. VEHICLE 4—VEHICLE INFORMATION AND VEHICLE USE										
Year		Make		Model			Body Style			
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.		<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New		Odometer Reading					
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work					Principal Street Address of Garaging			Miles one way to work, school or transportation		
Applicant address as it appears on registration, if different from Section 2.				State Registered In	Territory	Rate Class	Penalty Points	Symbols		Age Group
								Comp.	Coll.	

(As provided in Rules of the Plan.) (Coverage Selection Form must be completed and attached.)

Same limits of liability must be purchased for all vehicles Check appropriate box for coverage	Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums
Bodily Injury Liability <input type="checkbox"/> \$10,000				
WARNING: If you do not choose to have Bodily Injury Liability Coverage and you are at fault in an accident where people are injured or die, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. Your insurer will not pay a judgment against you or pay for a lawyer to defend you if you are sued. Your assets will be at risk, including having money deducted from your wages if a judgment is entered against you.				
Property Damage Liability \$5,000				
Personal Injury Protection \$15,000 Deductibles <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500				
WARNING: For a BASIC POLICY, the limit on PIP Medical Expense Coverage is \$15,000 but includes up to \$250,000 for emergency care of certain catastrophic injuries (See Buyer's Guide, page 3). Prior to March 22, 1999, all automobile insurance policies had PIP Medical Expense limits of \$250,000. The PIP Medical Expense Coverage for a BASIC POLICY is significantly less than previously required by law.				
Extended Medical Expense <input type="checkbox"/> Reject Applicant's Initials: _____ \$10,000 Aggregate per Accident (Not Applicable for Motorcycles)				
Financial Responsibility Certificate Required by Another State <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate surcharge for appropriate vehicle(s)				
Physical Damage – Comprehensive Deductibles (Other Than Collision): \$750 \$1,000 \$1,500 \$2,000 Must comply with NJ mandatory physical damage inspection requirement.				
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4				
Physical Damage – Collision Deductibles: \$750 \$1,000 \$1,500 \$2,000 Must comply with NJ mandatory physical damage inspection requirement.				
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4				
Custom Equipment (other than original manufacturer equipment)				
Actual Cash Value Above \$1,000: (Submit required documentation)				
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4				
Estimated Total Premium per vehicle				
Total Estimated Premium for vehicles 1–4				

WARNING: You may not be able to add collision and/or comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your insurance company or designated certified producer of record for specific details. Also note that all physical damage coverages are subject to a maximum loss payable of \$60,000 per vehicle.

Check MUST be made payable to NJPAIP

<input type="checkbox"/> Full Annual Premium	Full Annual Premium		Amount Enclosed
<input type="checkbox"/> Premium Financed Name of Finance Co.	Full Annual Premium		Amount Enclosed
<input type="checkbox"/> Installment Plan (Not available with financed premium)	Minimum 30% of Annual Premium	Installment Fee	Deposit Enclosed

By checking this box and by signing this application, I the Applicant acknowledge that I have paid cash to the Producer of Record for my Auto Insurance Policy. Cash includes any negotiable instrument made payable to the producer of record. I understand that the Producer will be submitting a check to the Plan on my behalf.

Amount of cash received by the Producer from the Applicant: _____ Amount of Producer's check to be submitted to the Plan: _____

SECTION 8. FINANCIAL RESPONSIBILITY (Complete if applicant or other eligible operator is required to file evidence of financial responsibility.)							
Name				Case or File No.			
Relationship to Applicant		Resides with Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		State where Filing required		Reason for Filing	
Type of Filing <input type="checkbox"/> Owner's (operation of owned vehicles) <input type="checkbox"/> Operator's (operation of non-owned vehicles) <input type="checkbox"/> Both							
Do you own any other vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give name of insurance company.		If "Yes", give policy number.			
SECTION 9. INSURANCE RECORD							
Has applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete the following.							
Name of applicant's latest carrier			Policy No.		Termination date		
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", give reason terminated.					
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes", give name of insurer.		Policy No.		
GENERAL INFORMATION							
Are there any non-driving residents in household?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Sex: M F Relationship: D.O.B.:			
Non-driving resident No.2		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Sex: M F Relationship: D.O.B.:			
Non-driving resident No.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Sex: M F Relationship: D.O.B.:			
Does applicant have any other residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain in Remarks.			
Is the driver's license or registration of applicant, any household member or anyone who usually drives applicant's vehicle currently suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Sex: M F Driver's License No.: D.O.B.: (Provide required information in Remarks for any additional individual whose license is currently suspended or revoked)			
Is any listed pickup truck or van; a. Commercially Registered b. Used for commercial purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Refer to Manual of Rules and Rates to Determine if "Qualified", Explain in Remarks.			
Is any driver a resident student at a school more than 100 miles from home? Does the student have a vehicle at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver No.: Veh. No.: Graduation Date: Location: School:			
SECTION 10. ACCIDENTS							
Has applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in <u>ANY</u> motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.							
Name of Operator	Accident Date	Place of Accident		Bodily Injury or Death <input type="checkbox"/> Yes <input type="checkbox"/> No	Prop. Damage (incl. your own) Amount	Penalty Points	
		City	State				
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
For any accident considered non-chargeable under the provisions of this Plan, please list the date and reason why the accident is not chargeable.							
SECTION 11. CONVICTIONS							
Has the applicant or anyone who usually drives the applicant's motor vehicle(s) been CONVICTED, FORFEITED BAIL or PLEADED NO CONTEST at any time during the immediately preceding THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following. NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.							
Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Violation	Place of Conviction		Penalty Points	Was License Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 12. NOTICES CONCERNING
INSURANCE APPLICATION****Important Notice – These statements are required by Law – Please Read Carefully**

Investigative Consumer Reports: Under the provisions of the Fair Credit Reporting Act, we are required to inform persons applying for insurance that, as part of normal insurance procedures, investigative consumer reports may be requested during the processing. These reports are similar to those generally made in business transactions and typically concern information on a person's household and other persons who would be insured under the policy requested. This information may be obtained through personal interviews with friends, neighbors and associates of the person applying for insurance. You may request to be interviewed or obtain a copy of the report if one is ordered. In either case please write us.

Initial Privacy Act Notification: Personal information may be collected from persons other than you or other individuals proposed for coverage under your policy.

This information, as well as other personal or privileged information subsequently collected may under certain circumstances be disclosed to third parties without prior authorization.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect please write us at:

10000 Midlantic Drive, Suite 403 West Mount Laurel, New Jersey 08054

Fair Credit Reporting Act Notice: In addition to routine verification of information pertinent to the insurance applied for, if the application is by any individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

SECTION 13. APPLICANT'S CERTIFICATION

I declare and certify that:

1. I have applied for and been denied automobile insurance in this state within the preceding 60 days by at least two voluntary market insurers, for reasons other than failure to obtain or maintain membership or qualification for membership in a club, group, or organization, if membership is a uniform requirement of the insurer as a condition of providing insurance. Show two of the declining voluntary market insurers' names here:

#1 _____ and #2 _____. I do not have a currently valid offer for insurance coverage from the voluntary market.

2. I have personally read and received a copy of this application, the Buyer's Guide, and Consumer Bill of Rights.. To the best of my knowledge and belief all statements contained in this application are true.

3. I understand that if I obtained this insurance through fraud or misrepresentation, my policy will be voided. I understand that the Assigned Company will not pay claims if the policy is voided.

4. I understand that if I cease to be qualified for coverage through the NJPAIP after applying for coverage, my policy then in force will be terminated by the Assigned Company.

5. I agree to pay all premiums and fees due under this policy. I understand that if this policy is cancelled, I will remain responsible for any outstanding earned premium.

6. I agree that no coverage will be in effect if my premium payment, which accompanies the application, and if forwarded to the Assigned Company, is justifiably dishonored by the financial institution.

7. I designate as Producer of this insurance the Producer or firm named in this application. I understand the Producer is not acting as an agent of the NJPAIP or any assigned company for the purpose of this insurance.

8. I understand that the premium shown on this application is an estimated premium. The Assigned Company on behalf of the NJPAIP reserves the right to adjust the premium, either prior to or after the issuance of the Policy, in accordance with the rates applicable on the effective date of coverage.

9. I have been offered coverage shown in the Buyer's Guide for both the Standard and Basic policies.

The coverage and limits I have selected are shown under "Coverages" on this application. I reject additional limits and coverages not selected. I understand this rejection shall apply to all renewals and extension of coverage with the Assigned Company unless I notify the Assigned Company in writing to the contrary.

10. I understand and agree that my vehicle may have to be inspected in accordance with New Jersey Insurance Regulations. I understand that Physical Damage coverage, if available, on my vehicle may be suspended if I do not comply with these rules.

11. I understand that any applicant reapplying to the Plan, who has been previously cancelled for failure to provide underwriting information on a NJPAIP policy, shall not be entitled to coverage through NJPAIP unless the subject applicant, at the time of reapplication, provides the assigned carrier with the underwriting information requested on the prior NJPAIP policy.

12. I understand that any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(Applicant's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

SECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application shall be evidence of the insurance applied for until:

1. the Assigned Company issues the policy, or

2. the insurance is cancelled by the insured or the Assigned Company under the rules of the NJPAIP.

The insurance coverage provided by this application is subject to the declaration, conditions, exclusions, and other terms of the policy currently in use by the NJPAIP.

Requested Effective Date and Time:

**IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE
DATE AND HOUR OF COMPLETION OF THIS APPLICATION.**

Example: 01/05/2003 7:30 pm

CERTIFIED MAIL RECEIPT No. (If applicable)
IF NUMBER NOT SHOWN DATE WILL NOT BE HONORED

My signature hereon represents certification of the Statement of the Producer of Record on the face of this application.

(Applicant's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

(Producer's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

DISCOUNTS AND CREDITS SECTION							
Defensive Driver Course	<input type="checkbox"/> Applicant	<input type="checkbox"/> Operator 2	<input type="checkbox"/> Operator 3	<input type="checkbox"/> Operator 4			
Driver Training Course	<input type="checkbox"/> Applicant	<input type="checkbox"/> Operator 2	<input type="checkbox"/> Operator 3	<input type="checkbox"/> Operator 4			
Discounts and Credits by Vehicle	Passive Restraint Driver's Side only	Passive Restraint Both Sides	Anti-Theft Devices Categories				
			I	II	III	IV	III & IV
Vehicle 1	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 4	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

NOTE: Application will be rejected by Plan unless proper documentation is provided on the application or by attachment which indicates that the applicant is a "qualified applicant" in accordance with the Rules of the Plan. Application must be completed in its entirety.

MANDATORY ATTACHMENTS

- Deposit
 - Payable to NJPAIP (In no event shall certified funds be altered)
 - The applicant's personal check CANNOT EXCEED 20% of the required deposit.
- NJPAIP Basic Application
 - Must submit to plan the original application. Do not send a duplicate copy.
 - Application must be signed by the applicant.
- NJPAIP Basic Coverage Selection Form
 - Coverage Selection Form must be signed by the applicant.
- NJPAIP Temporary Identification Card
 - NJ Law Enforcement does not accept hand written PAIP temporary ID cards.
- License(s)
 - All operators
 - Copy of Foreign Driver's License*
 - Copy if International Driving Permit, or other acceptable English Translation of the foreign license*
 - * If this applies, attach a copy of one of the following: (1) valid passport, (2) valid alien registration receipt card (green card), (3) valid employment authorization card issued by the United States Department of Homeland Security, or (4) valid proof of nonimmigrant classification issued by the Department of Homeland Security.
- Registration(s)
 - If vehicle is leased a copy of the lease agreement must be attached.
 - Co-lessee/Guarantor Certification Form must be attached.
- Notices of Declination
 - Notice of Declination issued by the company on the company's letterhead, as outlined in Article 2.0. of the Plan of Operation.
- Non-payment cancellation notice (if applicable)
 - Cancellation notice must be on insurer's letterhead stating that policy canceled "mid-term" due to non-payment within two years and has a 30-day lapse in coverage.
- Acknowledgment of Requirement for Photo Inspection
 - Required for all vehicles that are seven model years old and newer. (Example: In 2008, vehicles 2001 and newer and in 2009, vehicles 2002 and newer)
 - If new vehicle the authorization for inspection form must be submitted with the waiver box checked along with new vehicle documents.
 - One vehicle per form and no photocopies
- Financed Premium
 - Copy of Finance Agreement
 - Payment Comparison Form

MISCELLANEOUS DOCUMENTS

Motor Vehicle Report
Proof of Value
Driver Training Certificate (Required for Discount)
Anti-Theft Certification (Required for Discount)

REMARKS

NAME: _____ POLICY # _____

This Coverage Selection Form is for a BASIC POLICY, see Buyer's Guide, **page 6**. A STANDARD POLICY with more coverages and higher limits is also available for a higher premium. A SPECIAL POLICY with a very low premium is also available for persons enrolled in Medicaid. Contact your producer or insurer for more information.

CAUTION: If you choose the Basic Policy, you cannot collect Bodily Injury and Property Damage Liability, Personal Injury Protection, and Uninsured and Underinsured Motorist Coverages under a Standard Policy.

1. BODILY INJURY LIABILITY—Buyer's Guide, page 4.

- ☐ Yes, I choose the \$10,000 Bodily Injury Liability Limit.
- ☐ No, I do not choose to have Bodily Injury Liability Coverage.

WARNING: If you do not choose to have Bodily Injury Liability Coverage and you are at fault in an accident where people are injured or die, you will be responsible for paying for the pain, suffering and other personal hardships and some economic damages, such as lost wages that you cause. Your insurer will not pay a judgment against you or pay for a lawyer to defend you if you are sued. Your assets will be at risk, including having money deducted from your wages if a judgment is entered against you.

WARNING: Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives also shall not be held liable if you choose to purchase a basic policy instead of a standard policy, or if you choose not to purchase bodily injury liability coverage, collision coverage, or comprehensive coverage. Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

2. PERSONAL INJURY PROTECTION—Buyer's Guide, page 4.

WARNING: For a BASIC POLICY, the limit on PIP Medical Expense Coverage is \$15,000 but includes up to \$250,000 for emergency care of certain catastrophic injuries (See Buyer's Guide, page 7). Prior to March 22, 1999, all automobile insurance policies had PIP Medical Expense limits of \$250,000. The PIP Medical Expense Coverage for a BASIC POLICY is significantly less than previously required by law.

Choose the PIP Medical Expenses Deductible you want:

- ☐ \$250 deductible, minimum required by law.
- ☐ \$500 deductible, for a 3% to 4% reduction in the PIP premium.
- ☐ \$1,000 deductible, for a 11% to 12% reduction in the PIP premium.
- ☐ \$2,000 deductible, for a 17% to 19% reduction in the PIP premium.
- ☐ \$2,500 deductible, for a 20% to 23% reduction in the PIP premium.

3. COLLISION COVERAGE—Buyer's Guide, page 5.

- ☐ No. I choose not to be covered for collision damage.
- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for collision damage with the deductible checked here: ☐ \$1,000, ☐ \$1,500 or ☐ \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from insurer or insurance producer (i.e., agent or broker).

4. **COMPREHENSIVE COVERAGE**—Buyer's Guide, page 5.

- ☐ No, I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible checked here: ☐ \$1,000, ☐ \$1,500 or ☐ \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.

WARNING: You may not be able to add collision and/or comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your producer or insurer for specific details. Also note that all physical damage coverages are subject to a maximum loss payable of \$60,000 per vehicle.

5. **STATEMENT OF INSURED OR APPLICANT**

I have read the Buyer's Guide outlining the coverage options available to me. I understand that this is a BASIC POLICY with the minimum coverages required by law and that a Standard Policy with higher limits and additional coverages is available. The option to buy Bodily Injury Liability Coverage has been explained to me. My choices are shown above. I agree that each of these choices will apply for all vehicles insured by my policy and to each subsequent renewal, continuation, replacement or amendment until the insurance producer or insurer receives my request that a change be made.

For new policyholders, I understand that:

- (a) unless I choose to have the \$10,000 Bodily Injury Liability Coverage, I will not receive any Bodily Injury Liability Coverage.
- (b) if I choose collision or comprehensive coverage without making a written choice of deductible, I will receive the \$750 deductible.

I understand that if this is a policy renewal and if I do not complete choices, I will receive the same coverage as in my previous policy except when changes are required by a law becoming effective during the term of my previous policy.

I understand that these choices take effect in the following manner:

- (1) for new policies, the choices in this form are effective as of the date and time shown as the effective date on the accompanying NJPAIP EASi insurance application;
- (2) for mid-term policy changes, the changes to be made on this form are effective at the date and hour specified in the Policy Change Request Form and/or, in compliance with the provisions of the policy contract; and
- (3) for changes upon renewal, the changes on this form are effective on the date of the next policy renewal if postmarked or received by the assigned company prior to the renewal date.

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

Please check the appropriate box to which this form applies:

- ☐ New Policy ☐ Mid-Term Change ☐ Renewal Change

To the best of my knowledge, no member of my household is a named insured under a Standard or Special Policy.

SIGNATURE OF NAMED INSURED OR APPLICANT _____ DATE _____

STANDARD PERSONAL AUTOMOBILE POLICY APPLICATION

NEW JERSEY PERSONAL AUTOMOBILE INSURANCE PLAN

PRODUCER OF RECORD STATEMENT: I hereby certify that I am a licensed producer in the State of New Jersey. I have read the New Jersey PAIP Plan manual, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium, to the extent required by law. I understand that intentional misstatement of information may subject me to penalties as are provided by law, including, but not limited to loss of license.

SECTION 1. PRODUCER OF RECORD											
Producer Last Name/Agency Name					Producer First Name			MI			
Mailing Address				Ste./Apt. No.	City		State	Zip Code			
Producer License No.			Telephone No.			Fax No.					
Signing Producer's Name					Signing Producer's License No.						
SECTION 2. APPLICANT											
Last Name			First Name		MI	Home Telephone No.		Business Telephone No.			
Co-Applicant's Last Name (if applicable)			First Name		MI	County					
Primary Residence Street Address (Required)				Ste./Apt. No.	City		State	Zip Code			
Mailing Address (If different from above)				Ste./Apt. No.	City		State	Zip Code			
Applicant's former addresses (past 3 years)											
Street Address					City		State	Zip Code			
Applicant's Occupation			Nature of Business			Employer's Name					
Street Address					City		State	Zip Code			
Has the applicant been known by a name different than the name on this application? (Please do not include maiden names).											
SECTION 3. OPERATOR INFORMATION											
(List all operators in household and any other drivers.)											
Applicant and other Drivers	Relationship to Applicant	% Use of each Vehicle				Birth Date Mo./Day/Yr.	Sex M/F	*MS	Driver's License No.	State	Licensed 3 Years? If 'No', give date issued
		V1	V2	V3	V4						
APPLICANT	APPLICANT										<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
											<input type="checkbox"/> Yes <input type="checkbox"/> No
*MS Marital Status: S-Single, M-Married, C-Civil Union, W-Widowed, D-Divorced, P-Separated											
Other Driver's Occupation			Nature of Business			Employer's Name					
Street Address					City		State	Zip Code			

Staple check here:



Send completed application, with check/money order and required attachments to:

New Jersey Personal Automobile Insurance Plan
P.O. Box 5415
Mt. Laurel, NJ 08054-5415

SECTION 4. VEHICLE 1—VEHICLE INFORMATION AND VEHICLE USE										
Year	Make			Model			Body Style		H.P./Cu. In.CC	
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Odometer Reading	Trailer/Motor Home Length						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work.				Principal Street Address of Garaging			Miles one way to work, school or transportation			
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group	
SECTION 4. VEHICLE 2—VEHICLE INFORMATION AND VEHICLE USE										
Year	Make			Model			Body Style		H.P./Cu. In.CC	
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Odometer Reading	Trailer/Motor Home Length						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work.				Principal Street Address of Garaging			Miles one way to work, school or transportation			
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group	
SECTION 4. VEHICLE 3—VEHICLE INFORMATION AND VEHICLE USE										
Year	Make			Model			Body Style		H.P./Cu. In.CC	
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Odometer Reading	Trailer/Motor Home Length						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work.				Principal Street Address of Garaging			Miles one way to work, school or transportation			
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group	
SECTION 4. VEHICLE 4—VEHICLE INFORMATION AND VEHICLE USE										
Year	Make			Model			Body Style		H.P./Cu. In.CC	
Vehicle Identification No.				Registered Owner's Last Name			First Name			
Purchased Mo./Yr.	<input type="checkbox"/> New <input type="checkbox"/> Used	Cost New	Odometer Reading	Trailer/Motor Home Length						
<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor	Name		Street Address			City		State	Zip Code	
<input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> Car Pool <input type="checkbox"/> Work <input type="checkbox"/> Farm Days per wk. If pleasure use, indicate in Remarks how insured commutes to and from work.				Principal Street Address of Garaging			Miles one way to work, school or transportation			
Applicant address as it appears on registration, if different from Section 2.			State Registered In	Territory	Rate Class	Penalty Points	Symbols Comp. Coll.		Age Group	

SECTION 5. COVERAGES					(As provided in Rules of the Plan.) (Coverage Selection Form must be completed and attached.)				
<p>WARNING: Insurers, producers, the NJ Personal Automobile Insurance Plan, and their respective representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers, producers, the NJ Personal Automobile Insurance Plan, and their respective representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, bodily injury liability coverage, higher limits of uninsured/underinsured motorists coverage, collision coverage or comprehensive coverage. Insurers, producers, the NJ Personal Automobile Insurance Plan and their respective representatives can lose this limitation on liability by failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.</p>									
Same limits of liability must be purchased for all vehicles Check appropriate box for coverage						Vehicle 1 Estimated Premiums	Vehicle 2 Estimated Premiums	Vehicle 3 Estimated Premiums	Vehicle 4 Estimated Premiums
Combined Single Limit <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> Limitation on Lawsuit <input type="checkbox"/> No Limitation on Lawsuit									
Bodily Injury Liability <input type="checkbox"/> \$15,000/30,000 <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 <input type="checkbox"/> Limitation on Lawsuit <input type="checkbox"/> No Limitation on Lawsuit									
Property Damage Liability <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000									
Personal Injury Protection <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> Deletion of Benefits other than Medical Deductibles <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500									
Extended Medical Expense <input type="checkbox"/> 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) <input type="checkbox"/> I choose the same limits as my Liability Limits <input type="checkbox"/> I choose Other Lower Limits: Combined Single Limits: <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 Split Limits: Bodily Injury: <input type="checkbox"/> \$15,000/30,000 <input type="checkbox"/> \$25,000/50,000 <input type="checkbox"/> \$50,000/100,000 <input type="checkbox"/> \$100,000/300,000 <input type="checkbox"/> \$250,000/500,000 Property Damage: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000									
Financial Responsibility Certificate Required by Another State <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", indicate surcharge for appropriate vehicle(s)									
Physical Damage – Comprehensive Deductibles (Other Than Collision): \$500 \$750 \$1,000 \$1,500 \$2,000 Must comply with NJ mandatory physical damage inspection requirement.									
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4									
Physical Damage – Collision Deductibles: \$500 \$750 \$1,000 \$1,500 \$2,000 Must comply with NJ mandatory physical damage inspection requirement.									
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4									
Custom Equipment (other than original manufacturer equipment) Actual Cash Value Above \$1,000: (Submit required documentation)									
Veh. No.1 Veh. No.2 Veh. No.3 Veh. No.4									
Estimated Total Premium per vehicle									
Total Estimated Premium for vehicles 1–4									
<p>WARNING: You may not be able to add collision and/or comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your insurance company or designated certified producer of record for specific details. Also note that all physical damage coverages are subject to a maximum loss payable of \$60,000 per vehicle.</p>									
ADDED PERSONAL INJURY PROTECTION - Resident Relatives									
Resident Relative Name					Date of Birth		Relationship		
SECTION 6. PAYMENT PLANS					Check MUST be made payable to NJPAIP				
<input type="checkbox"/> Full Annual Premium					Full Annual Premium			Amount Enclosed	
<input type="checkbox"/> Premium Financed Name of Finance Co.					Full Annual Premium			Amount Enclosed	
<input type="checkbox"/> Installment Plan (Not available with financed premium)					Minimum 30% of Annual Premium		Installment Fee	Deposit Enclosed	
SECTION 7. CASH ACCEPTANCE CERTIFICATION									
<input type="checkbox"/> By checking this box and by signing this application, I the Applicant acknowledge that I have paid cash to the Producer of Record for my Auto Insurance Policy. Cash includes any negotiable instrument made payable to the producer of record. I understand that the Producer will be submitting a check to the Plan on my behalf.									
Amount of cash received by the Producer from the Applicant:					Amount of Producer's check to be submitted to the Plan:				

SECTION 8. FINANCIAL RESPONSIBILITY (Complete if applicant or other eligible operator is required to file evidence of financial responsibility.)							
Name					Case or File No.		
Relationship to Applicant		Resides with Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		State where Filing required		Reason for Filing	
Type of Filing <input type="checkbox"/> Owner's (operation of owned vehicles) <input type="checkbox"/> Operator's (operation of non-owned vehicles) <input type="checkbox"/> Both							
Do you own any other vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give name of insurance company.			If "Yes", give policy number.		
SECTION 9. INSURANCE RECORD							
Has applicant had insurance in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", complete the following.							
Name of applicant's latest carrier				Policy No.		Termination date	
Was coverage through Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No", give reason terminated.					
Are any other vehicles owned by any member of household? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", give name of insurer.		Policy No.	
GENERAL INFORMATION							
Are there any non-driving residents in household?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Relationship:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F D.O.B.:	
Non-driving resident No.2		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Relationship:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F D.O.B.:	
Non-driving resident No.3		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Relationship:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F D.O.B.:	
Does applicant have any other residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain in Remarks.			
Is the driver's license or registration of applicant, any household member or anyone who usually drives applicant's vehicle currently suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Name: Driver's License No.:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F D.O.B.:	
Is any listed pickup truck or van; a. Commercially Registered b. Used for commercial purposes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Refer to Manual of Rules and Rates to Determine if "Qualified", Explain in Remarks.			
Is any driver a resident student at a school more than 100 miles from home? Does the student have a vehicle at school?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver No.: Graduation Date: School:		Veh. No.: Location:	
SECTION 10. ACCIDENTS							
Has applicant, or anyone who usually drives the applicant's motor vehicle(s), been involved, either as owner or operator, in <u>ANY</u> motor vehicle accident during the past THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.							
Name of Operator	Accident Date	Place of Accident		Bodily Injury or Death	Prop. Damage (incl. your own) Amount	Penalty Points	
		City	State				
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
For any accident considered non-chargeable under the provisions of this Plan, please list the date and reason why the accident is not chargeable.							
SECTION 11. CONVICTIONS							
Has the applicant or anyone who usually drives the applicant's motor vehicle(s) been CONVICTED, FORFEITED BAIL or PLEADED NO CONTEST at any time during the immediately preceding THIRTY-SIX months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the following.							
NOTE: A paid ticket or fine is an admission of guilt and therefore constitutes a conviction.							
Name of Operator	Date of Conviction	Did Conviction Arise as a Result of an Accident?	Type of Violation	Place of Conviction		Penalty Points	Was License Suspended or Revoked?
				City	State		
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 12. NOTICES CONCERNING
INSURANCE APPLICATION****Important Notice – These statements are required by Law – Please Read Carefully**

Investigative Consumer Reports: Under the provisions of the Fair Credit Reporting Act, we are required to inform persons applying for insurance that, as part of normal insurance procedures, investigative consumer reports may be requested during the processing. These reports are similar to those generally made in business transactions and typically concern information on a person's household and other persons who would be insured under the policy requested. This information may be obtained through personal interviews with friends, neighbors and associates of the person applying for insurance. You may request to be interviewed or obtain a copy of the report if one is ordered. In either case please write us.

Initial Privacy Act Notification: Personal information may be collected from persons other than you or other individuals proposed for coverage under your policy.

This information, as well as other personal or privileged information subsequently collected may under certain circumstances be disclosed to third parties without prior authorization.

You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong.

If you are interested in obtaining a description of our information practices, and your rights regarding information we collect please write us at:

10000 Midlantic Drive Suite 403 West Mount Laurel, New Jersey 08054

Fair Credit Reporting Act Notice: In addition to routine verification of information pertinent to the insurance applied for, if the application is by any individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

SECTION 13. APPLICANT'S CERTIFICATION

I declare and certify that:

1. I have applied for and been denied automobile insurance in this state within the preceding 60 days by at least two voluntary market insurers, for reasons other than failure to obtain or maintain membership or qualification for membership in a club, group, or organization, if membership is a uniform requirement of the insurer as a condition of providing insurance. Show two of the declining voluntary market insurers' names here:
#1 _____ and #2 _____. I do not have a currently valid offer for insurance coverage from the voluntary market.
2. I have personally read and received a copy of this application, the Buyer's Guide, and Consumer Bill of Rights. To the best of my knowledge and belief all statements contained in this application are true.
3. I understand that if I obtained this insurance through fraud or misrepresentation, my policy will be voided. I understand that the Assigned Company will not pay claims if the policy is voided.
4. I understand that if I cease to be qualified for coverage through the NJPAIP after applying for coverage, my policy then in force will be terminated by the Assigned Company.
5. I agree to pay all premiums and fees due under this policy. I understand that if this policy is cancelled, I will remain responsible for any outstanding earned premium.
6. I agree that no coverage will be in effect if my premium payment, which accompanies the application, and if forwarded to the Assigned Company, is justifiably dishonored by the financial institution.
7. I designate as Producer of this insurance the Producer or firm named in this application. I understand the Producer is not acting as an agent of the NJPAIP or any assigned company for the purpose of this insurance.
8. I understand that the premium shown on this application is an estimated premium. The Assigned Company on behalf of the NJPAIP reserves the right to adjust the premium, either prior to or after the issuance of the Policy, in accordance with the rates applicable on the effective date of coverage.
9. I have been offered coverage up to at least the limits listed below:
 - a. Bodily Injury and Property Damage: \$500,000 combined single limit each accident; \$250,000.00/\$500,000.00/\$100,000.00 split limits each accident.
 - b. Comprehensive (Other Than Collision) and Collision Coverage where applicable.
 - c. Uninsured Motorist (includes Underinsured Motorist) coverage: \$500,000.00 combined single limit each accident; \$250,000.00/\$500,000.00/\$100,000.00 split limits each accident.
 - d. Personal Injury Protection coverage is required by law and subject to a maximum of \$250,000.00 per person as stated in the law.

The coverage and limits I have selected are shown under "Coverages" on this application. I reject additional limits and coverages not selected. I understand this rejection shall apply to all renewals and extension of coverage with the Assigned Company unless I notify the Assigned Company in writing to the contrary.

10. I understand and agree that my vehicle may have to be inspected in accordance with New Jersey Insurance Regulations. I understand that Physical Damage coverage, if available, on my vehicle may be suspended if I do not comply with these rules.

11. I understand that any applicant reapplying to the Plan, who has been previously cancelled for failure to provide underwriting information on a NJPAIP policy, shall not be entitled to coverage through NJPAIP unless the subject applicant, at the time of reapplication, provides the assigned carrier with the underwriting information requested on the prior NJPAIP policy.

12. I understand that any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

(Applicant's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

SECTION 14. EVIDENCE OF INSURANCE AND EFFECTIVE DATE OF COVERAGE

This application shall be evidence of the insurance applied for until:

1. the Assigned Company issues the policy, or
2. the insurance is cancelled by the insured or the Assigned Company under the rules of the NJPAIP.

The insurance coverage provided by this application is subject to the declaration, conditions, exclusions, and other terms of the policy currently in use by the NJPAIP.

Requested Effective Date and Time:

Example: 01/05/2003 7:30 pm

**IN NO EVENT SHALL COVERAGE BE EFFECTIVE PRIOR TO THE
DATE AND HOUR OF COMPLETION OF THIS APPLICATION.**

CERTIFIED MAIL RECEIPT No. (If applicable)
IF NUMBER NOT SHOWN DATE WILL NOT BE HONORED

My signature hereon represents certification of the Statement of the Producer of Record on the face of this application.

(Applicant's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

(Producer's Signature) Date: _____ Hour: _____ ☐ A.M. ☐ P.M.

DISCOUNTS AND CREDITS SECTION							
Defensive Driver Course	<input type="checkbox"/> Applicant	<input type="checkbox"/> Operator 2	<input type="checkbox"/> Operator 3	<input type="checkbox"/> Operator 4			
Driver Training Course	<input type="checkbox"/> Applicant	<input type="checkbox"/> Operator 2	<input type="checkbox"/> Operator 3	<input type="checkbox"/> Operator 4			
Discounts and Credits by Vehicle	Passive Restraint Driver's Side only	Passive Restraint Both Sides	Anti-Theft Devices Categories				
			I	II	III	IV	III & IV
Vehicle 1	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 3	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vehicle 4	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

NOTE: Application will be rejected by Plan unless proper documentation is provided on the application or by attachment which indicates that the applicant is a "qualified applicant" in accordance with the Rules of the Plan. Application must be completed in its entirety.

MANDATORY ATTACHMENTS

- Deposit
 - Payable to NJPAIP (In no event shall certified funds be altered)
 - The applicant's personal check CANNOT EXCEED 20% of the required deposit.
- NJPAIP Standard Application
 - Must submit to plan the original application. Do not send a duplicate copy.
 - Application must be signed by the applicant.
- NJPAIP Standard Coverage Selection Form
 - Coverage Selection Form must be signed by the applicant.
- NJPAIP Temporary Identification Card
 - NJ Law Enforcement does not accept hand written PAIP temporary ID cards.
- License(s)
 - All operators
 - Copy of Foreign Driver's License*
 - Copy of International Driving Permit, or other acceptable English translation of the foreign license*
 - * If this applies, attach a copy of one of the following: (1) valid passport, (2) valid alien registration receipt card (green card), (3) valid employment authorization card issued by the United States Department of Homeland Security, or (4) valid proof of nonimmigrant classification issued by the Department of Homeland Security.
- Registration(s)
 - If vehicle is leased a copy of the lease agreement must be attached.
 - Co-lessee/Guarantor Certification Form must be attached.
- Notices of Declination
 - Notice of Declination issued by the company on the company's letterhead, as outlined in Article 2.0. of the Plan of Operation.
- Non-payment cancellation notice (if applicable)
 - Cancellation notice must be on insurer's letterhead stating that policy canceled "mid-term" due to non-payment within two years and has a 30-day lapse in coverage.
- Acknowledgment of Requirement for Photo Inspection
 - Required for all vehicles that are seven model years old and newer. (Example: In 2008, vehicles 2001 and newer and in 2009, vehicles 2002 and newer)
 - If new vehicle the authorization for inspection form must be submitted with the waiver box checked along with new vehicle documents.
 - One vehicle per form and no photocopies
- Financed Premium
 - Copy of Finance Agreement
 - Payment Comparison Form

MISCELLANEOUS DOCUMENTS

- Motor Vehicle Report
- Proof of Value
- Driver Training Certificate (Required for Discount)
- Anti-Theft Certification (Required for Discount)

	REMARKS	

NAME: _____ POLICY # _____

This Coverage Selection Form is for a STANDARD POLICY, see Buyer's Guide, **page 6**. A BASIC POLICY with the minimum of required coverages is also available for a lower premium. A SPECIAL POLICY with a very low premium is also available for persons enrolled in Medicaid. Contact your producer or insurer for more information.

For new policies, you must choose one option for each item below. For changes upon renewal and mid-term policy changes, you must use this Form when you:

- (a) elect the No Limitation on Lawsuit option
- (b) change from the No Limitation On Lawsuit option to the Limitation on Lawsuit option
- (c) change the Medical Expense coverage limit
- (d) desire your health insurer to be the primary insurer to pay for your auto accident-related medical bills
- (e) desire your auto insurance carrier to be the primary insurer for your auto accident-related medical bills

1. **LIABILITY**—Buyer's Guide, **page 4**. (Choose a. or b.)

- a. Choose the Split Limit Bodily Injury and Property Damage Liability Limits that you want:

Split Limit Bodily Injury		Split Limit Property Damage	
<input type="checkbox"/>	\$15,000/30,000	<input type="checkbox"/>	\$5,000
<input type="checkbox"/>	\$25,000/50,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$50,000/100,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$100,000/300,000	<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$250,000/500,000	<input type="checkbox"/>	\$100,000

- b. Choose the Combined Single Liability Limit that you want:

Combined Single Liability Limits	
<input type="checkbox"/>	\$35,000
<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$100,000
<input type="checkbox"/>	\$300,000
<input type="checkbox"/>	\$500,000

CAUTION: Your Standard Policy will not provide bodily injury or property damage liability coverage for anyone who is a named insured under a Basic Policy.

2. **PERSONAL INJURY PROTECTION (PIP)**—Buyer's Guide, **page 4**.

- ☐ I choose the standard PIP Medical Expense Limit of \$250,000.
- ☐ I choose one of the lower PIP Medical Expense Limits below.

WARNING: Prior to March 22, 1999, all auto insurance policies had PIP Medical Expense Benefit limits of \$250,000. The limits below provide you with less coverage.

- ☐ \$150,000* for a 2% reduction in the PIP premium
- ☐ \$75,000* for a 4% to 5% reduction in the PIP premium
- ☐ \$50,000* for a 6% to 7% reduction in the PIP premium
- ☐ \$15,000* for a 12% to 14% reduction in the PIP premium

* Even if you choose one of the amounts above, all medically necessary treatment over the policy limit up to \$250,000 will be paid for permanent or significant brain injury, spinal cord injury or disfigurement or treatment of other permanent or significant injuries rendered at a trauma center or acute care hospital immediately following the accident and until a doctor says that you no longer require critical care.

3. **PIP MEDICAL EXPENSES DEDUCTIBLE**—Buyer's Guide, **page 13**.

Choose the PIP Medical Expenses Deductible you want:

- ☐ \$250 deductible, minimum required by law.
- ☐ \$500 deductible, for a 3% to 4% reduction in the PIP premium.
- ☐ \$1,000 deductible, for a 10% to 13% reduction in the PIP premium.
- ☐ \$2,000 deductible, for a 16% to 20% reduction in the PIP premium.
- ☐ \$2,500 deductible, for a 19% to 24% reduction in the PIP premium.

4. **HEALTH INSURER FOR PIP OPTION**—Buyer's Guide, **page 13**.

☐ I choose the health insurer for PIP option.

The name of my health insurer(s) is (are):

1. _____

Policy/Group #/Certificate # _____

2. _____

Policy/Group #/Certificate # _____

5. **EXTRA PIP PACKAGE COVERAGE OPTIONS**—Buyer's Guide **page 13**.

The Extra PIP Package benefits include income continuation, essential services, death benefits and funeral expense benefits. Buyer's Guide, **page 13**.

You may choose not to have the Extra PIP Package benefits for a 5% to 7% savings in the \$250,000 Limit PIP premium.

You may choose to have higher limits for the Extra PIP Package of Income Continuation, Essential Services, Death and Funeral Benefits.

OPTION	INCOME BENEFIT		ESSENTIAL SERVICES BENEFIT		DEATH BENEFIT	FUNERAL BENEFIT
	WEEKLY	TOTAL	PER DAY	TOTAL	TOTAL	TOTAL
1	\$100	\$10,400	\$12	\$ 8,760	\$10,000	\$2,000
2	125	13,000	20	14,600	10,000	2,000
3	175	18,200	20	14,600	10,000	2,000
4	250	26,000	20	14,600	10,000	2,000
5	400	41,600	20	14,600	10,000	2,000
6	500	52,000	20	14,600	10,000	2,000
7	600	62,400	20	14,600	10,000	2,000
8	700	72,800	20	14,600	10,000	2,000
9	100	Unlimited	12	8,760	10,000	2,000
10	125	Unlimited	20	14,600	10,000	2,000
11	175	Unlimited	20	14,600	10,000	2,000
12	250	Unlimited	20	14,600	10,000	2,000
13	400	Unlimited	20	14,600	10,000	2,000
14	500	Unlimited	20	14,600	10,000	2,000
15	600	Unlimited	20	14,600	10,000	2,000
16	700	Unlimited	20	14,600	10,000	2,000

☐ I choose PIP Medical Expense Only; OR

☐ I choose Extra PIP Package Benefits Option Number _____ shown in the table above.

CAUTION: Your Standard Policy will not provide Personal Injury Protection Coverage for anyone who is a named insured under a Basic or Special Policy.

6. **UNINSURED/UNDERINSURED MOTORIST COVERAGE**—Buyer's Guide, **page 10**.

☐ I choose the same limits for my Uninsured/Underinsured Motorist Coverage as the limits chosen for my Liability insurance; OR

☐ I choose one of the following lower limits of Uninsured/Underinsured Motorist Coverage.

COMBINED SINGLE LIMIT		OR	SPLIT LIMIT BODILY INJURY		AND	SPLIT LIMIT PROPERTY DAMAGE	
<input type="checkbox"/>	\$35,000		<input type="checkbox"/>	\$15,000/30,000		<input type="checkbox"/>	\$5,000
<input type="checkbox"/>	\$50,000		<input type="checkbox"/>	\$25,000/50,000		<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$100,000		<input type="checkbox"/>	\$50,000/100,000		<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$300,000		<input type="checkbox"/>	\$100,000/300,000		<input type="checkbox"/>	\$50,000
<input type="checkbox"/>	\$500,000		<input type="checkbox"/>	\$250,000/500,000		<input type="checkbox"/>	\$100,000

CAUTION: Your Standard Policy will not provide uninsured/underinsured motorists coverage for anyone who is a named insured under a Basic Policy.

7. **COLLISION COVERAGE**—Buyer's Guide, **page 5**.

- ☐ No, I choose not to be covered for collision damage.
- ☐ Yes, I choose to be covered for collision damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for collision damage with the deductible checked here: ☐ \$1,000, ☐ \$1,500 or ☐ \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from insurer or insurance producer (i.e., agent or broker).
- ☐ Yes, I choose to be covered for collision damage with a \$500 deductible. This premium will be more than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.

8. **COMPREHENSIVE COVERAGE**—Buyer's Guide, **page 5**.

- ☐ No. I choose not to be covered for comprehensive damage.
- ☐ Yes, I choose to be covered for comprehensive damage with the default \$750 deductible.
- ☐ Yes, I choose to be covered for comprehensive damage with the deductible checked here: ☐ \$1,000, ☐ \$1,500 or ☐ \$2,000. This premium will be less than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.
- ☐ Yes, I choose to be covered for comprehensive damage with a \$500 deductible. This premium will be more than the premium with the default \$750 deductible. Details available from your insurance producer or insurer.

WARNING: You may not be able to add collision and/or comprehensive coverage to an existing vehicle or to add an additional or replacement vehicle to your existing policy without first having that vehicle inspected; contact your producer or insurance company for specific details. Also note that all physical damage coverages are subject to a maximum loss payable of \$60,000 per vehicle.

WARNING: Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives shall not be held liable for choices you make for insurance coverages or limits as long as your choices provide at least the minimum coverage required by law. Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives also shall not be held liable if you choose not to purchase higher limits of PIP medical expense coverage, higher limits of uninsured/underinsured motorist coverage, collision coverage or comprehensive coverage. Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

9. **LAWSUIT OPTIONS**—Buyer's Guide, **page 11**.

- ☐ I want the Limitation on Lawsuit Option.
- ☐ I want the No Limitation on Lawsuit Option. My bodily injury liability premium will be 64% to 191% higher if I select the No Limitation on Lawsuit Option instead of the Limitation on Lawsuit Option, depending upon where my car is garaged, my bodily injury liability coverage limit, and other factors. Per vehicle, my bodily injury liability premium at current rates will be \$304 to \$5,702 higher on each annual renewal of my policy if I select the No Limitation on Lawsuit Option instead of the Lawsuit Option. I understand that I can contact my insurance producer or insurer for specific details.

WARNING: Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives also shall not be liable if the limitation on lawsuit option is imposed by law because no choice was made on the Coverage Selection Form. Insurers, producers, the New Jersey Personal Automobile Insurance Plan, and their respective representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28-1.9 for more information.

10. STATEMENT OF INSURED OR APPLICANT

I have read the Buyer's Guide outlining the coverage options available to me. The limits available for PIP medical expense coverage and uninsured and underinsured motorists coverage have been explained to me. My choices are shown above. I agree that each of these choices will apply for all vehicles insured by my policy and to each subsequent renewal, continuation, replacement or amendment until the insurance producer receives my request that a change be made.

For new policyholders, I understand that:

- (a) if I do not make a choice to have the No Limitation on Lawsuit Option, I will receive the Limitation on Lawsuit Option;
- (b) if I carry collision and/or comprehensive coverage without making a written choice of deductible, I will receive the default \$750 deductible;
- (c) if I do not choose to have my health insurer provide PIP medical expense benefits, my auto insurer will provide PIP medical expense benefits; and
- (d) if I do not choose a lower PIP medical expense limit, I will receive the \$250,000 limit.

I understand that if this is a policy renewal and if I do not complete choices, I will receive the same coverage as in my previous policy except when changes are required by a law becoming effective during the term of my previous policy.

I understand that these choices take effect in the following manner:

- (1) for new policies, the choices in this form are effective as of the date and time shown as the effective date on the accompanying NJPAIP EASi insurance application;
- (2) for mid-term policy changes, the changes to be made on this form are effective at the date and hour specified in the Policy Change Request Form and/or, in compliance with the provisions of the policy contract; and
- (3) for changes upon renewal, the changes on this form are effective on the date of the next policy renewal if postmarked or received by the assigned company prior to the renewal date.

NOTE: If there is a difference between the limits of coverage shown on the application (or Policy Change Request Form) and the Coverage Selection Form, the assigned policy will be issued using the broader limits that shall be determined by which coverage generates the highest premium, and deductibles of \$750 each for comprehensive and collision if these coverages are selected. IN NO EVENT SHALL THE COVERAGES SELECTED ON THIS FORM BE EFFECTIVE PRIOR TO THE DATE AND HOUR OF COMPLETION OF THIS FORM. ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES.

Please check the appropriate box to which this form applies:

☐ New Policy ☐ Mid-Term Change ☐ Renewal Change

To the best of my knowledge, no member of my household is a named insured under a Basic or Special Policy.

SIGNATURE OF NAMED INSURED OR APPLICANT _____ DATE _____