

Consent to Higher Rate Filing Under N.J.S.A. 17:29A-7.1 (Chapter 14, P.L. 1962)
New Jersey Department of Banking and Insurance - Automobile Insurance

Company _____
Name and Address _____
Insured _____
Name and Address _____
Agent or Broker _____
Name and Address - Reference No. _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Coverages Applied For	Class	Terr.	Discounts*	Points**	Limits	Age	Symbol	<u>Premium</u> Normal	Add'l. Payable
Bodily Injury o/	Car #1								
	Car #2								
Property Damage	Car #1								
	Car #2								
Comprehensive	Car #1								
	Car #2								
Collision	Car #1								
	Car #2								
Add'l PIP Option	#								

U.M.

* Specify:
** Number of Surcharge Points Based on Attached Abstract of Driving Record.
o/ Including Basic Personal Injury Protection.

Note: The information in columns (2) to (7) may be shown on any other form, such as a computer printout if not readily available to the company.

Statement by Insured: "I consent to the premium shown as 'Premium Payable' on this application which is higher than would normally apply because of the greater hazard involved:"

Signature of Insured Date

Statement by Company and Producer: The rating information shown above truly reflects information supplied by the insured and the correct application of the rating system in effect for the New Jersey Automobile Insurance Plan. Under penalty of N.J.S.A. 17:29A-16 and N.J.S.A. 17:29A-22, I declare that this application was fully completed as shown, before signed by the applicant.

Signature of Licensed NJ Producer Date

Producer License # Expiration Date

Signature of Company Representative Date