

APPENDIX
EXHIBIT B

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	Premium	Add'l	Payable
							Normal		
Bodily Injury o/ Car #1	Car #2								
Property Damage Car #1	Car #2								
Comprehensive Car #1	Car #2								
Comprehensive Car #2	Car #1								
Collision Car #1	Car #1								
Collision Car #2	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