



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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OFFICE OF THE INSURANCE COMMISSIONER
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APPLICATION TO THE ASSIGNED RISK PLAN (ARP)

FOR OFFICIAL USE ONLY:
ELIGIBLE RISK NO: _____

The undersigned, hereby makes application to the CNMI Insurance Commissioner, accordance with Section 8, of the Assigned Risk Plan (ARP).

NAME (Last, First Middle):			
MAILING ADDRESS:		CITY, STATE ZIP	
PHONE NOS:			
DRIVER'S LICENSE NUMBER:		DRIVER'S LICENSE EXPIRATION:	

The particulars of the vehicle(s) for which motor vehicle liability insurance is sought are:

Vehicle Identification Number:	
License Plate Number:	
Year:	
Make:	
Model:	

In support of this application for assignment as an Eligible Risk (ER), I hereby submit the following sets of three (3), one (1) original and two (2) photocopies:

- _____ Three (3) Letters of Declination from Insurance Providers, either directly from the company or through an authorized General Agent;
- _____ An accident abstract which is a ***traffic clearance and traffic record***, as issued by the **CNMI Superior Court**; This applies to any member of the household who drives the vehicle;
- _____ A ***traffic abstract*** (traffic record), as issued by the **Bureau of Motor Vehicle**; This applies to any member of the household who drives the vehicle;
- _____ Provide copies your vehicle's latest Certificate of Registration.
- _____ Provide copies of valid Driver's License issued by the **Bureau of Motor Vehicle**. Enclose the same number of copies of Driver's Licenses for all drivers of the vehicle;
- _____ Provide copies of the vehicle(s) Safety Inspection Report issued by the Safety Inspection Station.

I understand that the coverage under the ARP is coverage for Third Party Liability ONLY. The Insurance Company reserves the option to provide full coverage.

Signature: _____ Date: _____