



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 5795 CHRB, Saipan, MP 96950

Telephone: (670) 664-3000 Fax: (670) 664-3067

Website: <http://commerce.gov.mp/>

**OFFICE OF THE INSURANCE COMMISSIONER**

Telephone: (670) 664-8018 or 664-8020 Fax: (670) 664-8074

## APPLICATION PROCEDURES FOR THE ASSIGNED RISK PLAN

The following outlines the process and requirements for application to the Assigned Risk Plan. Please ensure that all documents are legible and provided in sets of three (3), one (1) original and two (2) photocopies.

1. Secure and provide one (1) original and two (2) copies of a Letter of Declination from at least three (3) Insurance Providers, either directly from the company or through an authorized General Agent.
2. Secure and provide one (1) original and two (2) copies each of an accident abstract which is a **traffic clearance and traffic record history** from the **Superior Court** and a **traffic abstract** from the **Bureau of Motor Vehicle**. This applies to any member of the same household who drives the vehicle.
3. Provide three (3) copies of your vehicle(s) latest Certificate of Registration.
4. Provide three (3) copies of valid Driver's License issued in the CNMI. Enclosed the same number of copies of the Driver's Licenses for all drivers of the vehicle.
5. Secure and provide three (3) copies of your vehicle(s) Safety Inspection Report issued by the Safety Inspection Station.
6. The coverage under the ARP is coverage for Third Party Liability ONLY. The Insurance Company reserves the option to provide full coverage.



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## APPLICATION TO THE ASSIGNED RISK PLAN (ARP)

<b>FOR OFFICIAL USE ONLY:</b> ELIGIBLE RISK NO: _____
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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:

<b>Vehicle Identification Number:</b>	
<b>License Plate Number:</b>	
<b>Year:</b>	
<b>Make:</b>	
<b>Model:</b>	

**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: \_\_\_\_\_