

CHAPTER 3

AUTOMOBILE INSURANCE

Authority

N.J.S.A. 17:1C-6(e) and 17:1-8.1.

Source and Effective Date

R.2001 d.44, effective January 4, 2001.
See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

Executive Order No. 66(1978) Expiration Date

Chapter 3, Automobile Insurance, expires on January 4, 2006.

Chapter Historical Note

Chapter 3, New Jersey Automobile Insurance Plan, was adopted as R.1972 d.20, effective January 31, 1972. See: 3 N.J.R. 223(d), 4 N.J.R. 49(d).

Subchapter 7, Automobile Repair Reform Act, was adopted as R.1972 d.244, effective December 4, 1972. See: 4 N.J.R. 270(a), 5 N.J.R. 13(c).

Subchapter 10, Auto Physical Damage Claims, was adopted as R.1976 d.46 and R.1976 d.47, effective May 1, 1976. See: 8 N.J.R. 38(b), 8 N.J.R. 136(b).

Pursuant to Executive Order No. 66(1978), Subchapter 8, Nonrenewal of Automobile Insurance Policies, was readopted as R.1983 d.190, effective June 6, 1983. See: 15 N.J.R. 231(a), 15 N.J.R. 927(a).

Subchapter 12, Automobile Rate Filers: Flattening of Premium Taxes and Assessments Made for the Unsatisfied Claim and Judgment Fund, was adopted as R.1983 d.424, effective October 3, 1983. See: 15 N.J.R. 1170(a), 15 N.J.R. 1666(a).

Subchapter 13, Automobile Rate Filers: Deductibles for Private Passenger Automobile Collision and Comprehensive Coverage, was adopted as R.1983 d.467, effective October 17, 1983. See: 15 N.J.R. 1342(a), 15 N.J.R. 1769(b).

Pursuant to Executive Order No. 66(1978), Subchapter 6, Insurance Identification Card, was readopted as R.1983 d.648, effective December 29, 1983. See: 15 N.J.R. 1919(a), 16 N.J.R. 145(c).

Public Notice: Automobile Insurance Written Notice/Buyer's Guide Coverage Selection Form. See: 16 N.J.R. 254(d).

Subchapter 15, Standards for Written Notice: Buyer's Guide and Coverage Selection Form, was adopted as R.1984 d.114, effective April 2, 1984. See: 15 N.J.R. 2142(a), 16 N.J.R. 733(a).

Subchapter 14, Personal Injury Protection Options, was adopted as R.1984 d.116, effective April 2, 1984. See: 15 N.J.R. 2139(a), 16 N.J.R. 730(b).

The Executive Order No. 66(1978) expiration date of Subchapter 7, Automobile Repair Reform Act, was extended by gubernatorial directive from August 17, 1984 to November 15, 1984, and was further extended by gubernatorial directive from November 15, 1984 to February 13, 1985. See: 17 N.J.R. 43(a).

Pursuant to Executive Order No. 66(1978), Subchapter 7, Automobile Repair Reform Act, was readopted as R.1985 d., effective February 13, 1985. See: 17 N.J.R. 43(a), 17 N.J.R. 707(b).

Subchapter 17, Rating Organizations, was adopted as R.1985 d.609, effective October 6, 1985. See: 16 N.J.R. 2936(a), 17 N.J.R. 2905(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1985 d.654, effective January 6, 1986, operative May 6, 1986. See: 16 N.J.R. 3286(a), 17 N.J.R. 89(b).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as R.1986 d.111, effective April 7, 1986. See: 17 N.J.R. 2597(a), 18 N.J.R. 692(a).

Subchapter 17, Rating Organizations, was repealed and Subchapter 17, Rating Organizations, was adopted as new rules by R.1986 d.419, effective October 6, 1986. See: 18 N.J.R. 1171(b), 18 N.J.R. 2045(a).

Subchapter 22, Coverage Option Survey: Personal Injury Protection and Tort Threshold Options, was adopted as R.1986 d.463, effective November 17, 1986. See: 18 N.J.R. 1344(b), 18 N.J.R. 2329(a).

Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, was adopted as R.1987 d.527, effective December 21, 1987. See: 19 N.J.R. 1880(a), 19 N.J.R. 2403(b).

Public Notice: Rescission of Circular Letter #75. See: 19 N.J.R. 570(e).

Subchapter 26, Accident Claims, Subchapter 27, Unsatisfied Claim and Judgment Fund Board, and Subchapter 28, Unsatisfied Claim and Judgment Fund's Reimbursement of Excess Medical Expense Benefits Paid by Insurers, were adopted as R.1989 d.268, effective May 15, 1989. See: 21 N.J.R. 688(a), 21 N.J.R. 1363(a).

Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was repealed and Subchapter 20, Reporting Financial Disclosure and Excess Profit Reports, was adopted as new rules by R.1989 d.277, effective May 15, 1989. See: 21 N.J.R. 667(b), 21 N.J.R. 1335(a), 21 N.J.R. 1517(b).

Subchapter 24, Policy Constants, and Subchapter 25, Residual Market Equalization Charges (RMECs), were adopted as R.1989 d.278, effective May 15, 1989. See: 20 N.J.R. 3104(a), 21 N.J.R. 1358(b).

Subchapter 20A, Standard Limiting Effect of Negative Excess Investment Income in the Computation of Excess Profits, was adopted as R.1989 d.306, effective June 5, 1989. See: 21 N.J.R. 842(a), 21 N.J.R. 1517(c).

Subchapter 17, Rating Organizations, was repealed by R.1989 d.328, effective June 19, 1989. See: 21 N.J.R. 973(a), 21 N.J.R. 1708(a).

Subchapter 30, Motor Vehicle Self-Insurance, was adopted as R.1989 d.584, effective November 20, 1989. See: 21 N.J.R. 2876(a), 21 N.J.R. 3666(b).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was adopted as R.1990 d.108, effective February 5, 1990. See: 21 N.J.R. 3726(a), 22 N.J.R. 425(a).

Subchapter 18, Private Passenger Automobile Insurance: Rate Filing Review Procedures, was adopted as R.1990 d.109, effective February 5, 1990. See: 21 N.J.R. 3422(b), 22 N.J.R. 421(a).

Subchapter 16, Rate Filing Requirements: Voluntary Market Private Passenger Automobile Insurance, was adopted as R.1990 d.116, effective February 5, 1990. See: 21 N.J.R. 2182(a), 22 N.J.R. 399(a).

Subchapter 1, Provisions and Operations, was repealed and Subchapter 1, Commercial Automobile Insurance Plan, was adopted as new rules by R.1990 d.118, effective February 5, 1990. See: 21 N.J.R. 3613(a), 22 N.J.R. 392(b).

Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, was adopted as R.1990 d.161, effective March 19, 1990. See: 21 N.J.R. 3719(a), 22 N.J.R. 963(a).

Subchapter 34, Eligible Persons Qualifications and Automobile Insurance Eligibility Points Schedule, was adopted as emergency new rules by R.1990 d.620, effective November 26, 1990, operative April 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3847(a). The provisions of R.1990 d.620 were readopted as R.1991 d.93, effective January 25,

1991, operative April 1, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3847(a), 23 N.J.R. 572(a)

Subchapter 36, Automobile Physical Damage Insurance Inspection Procedures, was adopted as emergency new rules by R.1990 d.622, effective November 26, 1990, operative March 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3861(a). The provisions of R.1990 d.622 were readopted as R.1991 d.95, effective January 25, 1991, operative October 1, 1992, with changes effective February 19, 1991. See: 22 N.J.R. 3861(a), 23 N.J.R. 579(a), 23 N.J.R. 1132(c).

Subchapter 38, Towing and Storage Fee Schedule, was adopted as emergency new rules by R.1990 d.623, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3874(a). The provisions of R.1990 d.623 were readopted as R.1991 d.97, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3874(a), 23 N.J.R. 592(a).

Subchapter 29, Medical Fee Schedules: Automobile Insurance Personal Injury Protection Coverage, was adopted as emergency new rules by R.1990 d.624, effective November 26, 1990, operative January 1, 1991, to expire January 25, 1991. See: 22 N.J.R. 3809(a). The provisions of R.1990 d.624 were readopted as R.1991 d.96, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3809(a), 23 N.J.R. 536(a).

Subchapter 37, Order of Benefit Determination Between Automobile Personal Injury Protection and Health Insurance, was adopted as emergency new rules by R.1990 d.625, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3777(a). The provisions of R.1990 d.625 were readopted as R.1991 d.90, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3777(a), 23 N.J.R. 597(a).

Subchapter 35, Private Passenger Automobile Insurance Underwriting Rules, was adopted as emergency new rules by R.1990 d.627, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3856(a). The provisions of R.1990 d.627 were readopted as R.1991 d.94, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3856(a), 23 N.J.R. 577(a).

Subchapter 19, Standard/Non-Standard Rating Plans, was adopted as emergency new rules by R.1990 d.628, effective November 26, 1990, to expire January 25, 1991. See: 22 N.J.R. 3804(a). The provisions of R.1990 d.628 were readopted as R.1991 d.92, effective January 25, 1991, with changes effective February 19, 1991. See: 22 N.J.R. 3804(a), 23 N.J.R. 532(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1991 d.45, effective January 4, 1991, and Subchapters 2 through 5, concerning the Automobile Insurance Plan (AIP), were repealed by R.1991 d.45, effective February 4, 1991. See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Subchapter 24, Policy Constants, was repealed by R.1991 d.216, effective April 15, 1991. See: 22 N.J.R. 3441(a), 23 N.J.R. 1132(a).

Subchapter 25, Residual Market Equalization Charges (RMECs), was repealed by R.1991 d.217, effective April 15, 1991. See: 22 N.J.R. 3442(a), 23 N.J.R. 1132(b).

Subchapter 39, Reductions in Premium Charges for Private Passenger Automobiles Equipped with Anti-Theft, Vehicle Recovery and Safety Features, was adopted as R.1991 d.363, effective July 15, 1991, operative September 1, 1991. See: 23 N.J.R. 384(a), 23 N.J.R. 2144(a).

Subchapter 33, Appeals from Denial of Automobile Insurance, was adopted as R.1992 d.192, effective April 30, 1992. See: 24 N.J.R. 546(a), 24 N.J.R. 1510(a).

Subchapter 40, Insurers Required to Provide Automobile Insurance Coverage to Eligible Persons, was adopted as R.1992 d.207, effective May 4, 1992. See: 23 N.J.R. 3736(a), 24 N.J.R. 336(a), 24 N.J.R. 1796(b).

Subchapter 2, New Jersey Personal Automobile Insurance Plan, was adopted as new rules by R.1992 d.370, effective September 21, 1992. See: 24 N.J.R. 331(a), 24 N.J.R. 3400(a).

Subchapter 3, Limited Assignment Distribution Servicing Carriers, was adopted as new rules by R.1992 d.371, effective September 21, 1992. See: 24 N.J.R. 519(a), 24 N.J.R. 3414(a).

Subchapter 42, Producer Assignment Program, was adopted as emergency new rules by R.1992 d.381, effective September 4, 1992, to expire November 3, 1992. See: 24 N.J.R. 3421(a). The provisions of R.1992 d.381 were readopted as R.1992 d.482, effective November 2, 1992, with changes effective December 7, 1992. See: 24 N.J.R. 3421(a), 24 N.J.R. 4397(a).

Subchapter 44, Special Rules for Effecting Coverage for Private Passenger Automobile Insurance, was adopted as emergency new rules by R.1993 d.135, effective March 1, 1993, operative March 8, 1993, to expire April 30, 1993. See: 25 N.J.R. 1290(a). The provisions of R.1993 d.135 were readopted as R.1993 d.238, effective April 30, 1993. See: 25 N.J.R. 1290(a), 25 N.J.R. 2479(a).

Subchapter 2B, Market Transition Facility of New Jersey Suspension of Claims, was adopted as emergency new rules by R.1994 d.164, effective March 1, 1994, to expire April 30, 1994. See: 26 N.J.R. 1393(a). The provisions of R.1994 d.164 were readopted as R.1994 d.261, effective April 29, 1994. See: 26 N.J.R. 1393(a), 26 N.J.R. 2288(a).

Subchapter 32, Certification of Compliance: Mandatory Liability Coverages, was adopted as R.1994 d.477, effective September 19, 1994. See: 26 N.J.R. 1939(a), 26 N.J.R. 3866(a).

Subchapter 31, Examination of the Financial Experience of Private Passenger Automobile Insurers, was repealed by R.1995 d.171, effective March 20, 1995. See: 27 N.J.R. 41(a), 27 N.J.R. 1190(b).

Subchapter 45, Insurers Required to Provide Survey Information, was adopted as R.1995 d.235, effective May 1, 1995. See: 27 N.J.R. 289(a), 27 N.J.R. 1803(a).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.1996 d.58, effective January 4, 1996, and Subchapter 2A, New Jersey Automobile Full Insurance Underwriting Association Claims Payment Deferral, Subchapter 3, Limited Assignment Distribution Servicing Carriers, and Subchapter 23, Dangerous Drivers or Drivers with Excessive Claims, were repealed by R.1996 d.58, effective February 5, 1996. See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Subchapter 20A, Standard Limited Effect of Negative Excess Investment Income in the Computation of Excess Profits, was repealed by R.1996 d.312, effective July 15, 1996. See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).

Subchapter 25, Private Passenger Automobile Insurance: Notification by Treating Health Care Providers, was adopted as new rules by R.1997 d.14, effective January 6, 1997. See: 28 N.J.R. 3876(a), 29 N.J.R. 132(a).

Subchapter 24, Defensive Driving Rate Reductions, was adopted as new rules by R.1997 d.522, effective December 15, 1997. See: 28 N.J.R. 4854(a), 29 N.J.R. 5305(a).

Subchapter 28A, Unsatisfied Claim and Judgment Fund Assessments, was adopted as R.1997 d.535, effective December 15, 1997. See: 29 N.J.R. 4246(a), 29 N.J.R. 5309(a).

Subchapter 19A, Tier Rating Plans and Underwriting Rules, was adopted as R.1998 d.129, effective March 2, 1998. See: 29 N.J.R. 5253(a), 30 N.J.R. 839(a).

Subchapter 46, Automobile Insurance Urban Enterprise Zone Program, was adopted as R.1998 d.290, effective June 1, 1998. See: 30 N.J.R. 773(a), 30 N.J.R. 2010(a).

Subchapter 3, Basic Automobile Insurance Policy, was adopted as new rules by R.1998 d.592, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3209(a), 30 N.J.R. 4398(a).

Subchapter 5, Personal Injury Protection Dispute Resolution, was adopted as new rules by R.1998 d.593, effective December 21, 1998. See: 30 N.J.R. 3359(a), 30 N.J.R. 4437(a).

Subchapter 4, Personal Injury Protection Benefits; Medical Protocols; Diagnostic Tests, was adopted as new rules by R.1998 d.597, effective December 21, 1998, operative March 22, 1999. See: 30 N.J.R. 3211(a), 30 N.J.R. 3748(a), 30 N.J.R. 4401(a).

Subchapter 38, Towing and Storage Fee Schedule, was repealed by R.1999 d.1, effective January 4, 1999. See: 30 N.J.R. 2813(a), 31 N.J.R. 54(c).

Pursuant to Executive Order No. 66(1978), Chapter 3, Automobile Insurance, was readopted as R.2001 d.44, effective January 4, 2001, and Subchapter 2B, Market Transition Facility of New Jersey Payment Prioritization and Claims Payment Deferral, Subchapter 16A, Flex Rate Percentage Calculations for Private Passenger Automobile Insurance, Subchapter 19, Standard/Nonstandard Rating Plans, and Subchapter 42, Producer Assignment Program, were repealed by R.2001 d.44, effective February 5, 2001. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. COMMERCIAL AUTOMOBILE INSURANCE PLAN

11:3-1.1 Purpose and scope

(a) The purpose of this subchapter is to establish a plan pursuant to N.J.S.A. 17:29D-1:

1. To provide the coverages described herein, subject to the conditions stated, for motor vehicles other than those vehicles subject to the New Jersey Personal Automobile Insurance Plan and any private passenger vehicle that is owned by or driven by a person who meets the definition of an eligible person pursuant to N.J.S.A. 17:33B-13 and N.J.A.C. 11:3-34;

2. To provide for the apportionment of insurance coverage for eligible applicants who are in good faith entitled to but are unable to procure the same, through the voluntary market; and

3. To establish a procedure for the sharing of premiums, losses, and expenses among all insurers who are participants in New Jersey as defined within this subchapter for all risks eligible for coverage under the provisions of this subchapter.

Amended by R.1996 d.58, effective February 5, 1996.
See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).
Amended by R.1996 d.502, effective October 21, 1996.
See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

11:3-1.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings unless the context clearly indicates otherwise.

“CAIP” means the Commercial Automobile Insurance Plan pursuant to this subchapter.

“CAIP manager” means the entity employed by the Governing Committee to manage and conduct the administrative affairs of the CAIP on a daily basis.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Eligible applicant” means the owner or registrant of a motor vehicle registered in New Jersey or to be registered within 60 days who is unable to obtain automobile insurance in New Jersey in the voluntary market and is not in good faith qualified for automobile insurance coverage in any residual market mechanism created by statute other than the CAIP. For multi-state operations, the applicant must have its operating headquarters in New Jersey but vehicles may be registered in other states. No applicant shall be deemed eligible if the principal operator of the vehicle to be insured does not hold a driver’s license which is valid in New Jersey, or if a regular operator of the vehicle other than the principal operator does not hold such a license.

“Emergency type vehicle” means any land vehicle, used to respond to distress calls, fires, or rescue, propelled by other than muscular power and not run upon rails or tracks. This term includes, but is not limited to, fire trucks, rescue trucks, police cars and ambulances.

“Gross participation” means a participant’s Voluntary All Other Automobile Direct Written Premiums derived from information contained in the annual statement times a fraction, the numerator of which is the sum of the plan’s total written premiums for that year and the Statewide total Voluntary All Other Automobile Direct Written Premiums which are eligible for depopulation credit for that policy year, and the denominator of which is the Statewide total

Voluntary All Other Automobile Net Direct Written Premiums of all participants for that second prior year.

“Light truck” means a vehicle with a gross vehicle weight (G.V.W.) of 10,000 pounds or less.

“Motor vehicle” means any land vehicle propelled otherwise than by muscular power including trailers and semi-trailers, except such vehicles that run only upon rails or tracks.

“Net participation” means a participant’s gross participation for that policy year less its business eligible for depopulation credit for that policy year.

“Net participation percentage” means a participant’s net participation for that policy year in proportion to the comparable Statewide total net participation for all participants.

“Operating headquarters” means the chief place of business where the principal officers generally transact business, and the place to which reports are made and from which orders emanate. It is the location where the executive offices are, corporate decisions are made and corporate functions are performed.

“Participant” means an insurer licensed and authorized to write motor vehicle liability and physical damage insurance and specifically includes any insurer who writes all other automobile liability and all other automobile physical damage insurance.

“Personal injury protection” means those benefits as set forth at N.J.S.A. 39:6A-4.

“Policy year” means the exposure and premiums for all policies written during a calendar year and all losses attributable to policies written during the same calendar year.

“Private passenger automobile” means a vehicle that meets the definition in N.J.S.A. 39:6A-2a, that is not eligible for coverage through any voluntary or residual market mechanism created by statute, and is owned by an individual or husband and wife; or owned jointly by two or more relatives other than husband and wife; or owned jointly by two or more resident individuals; or owned by a corporation, partnership and unincorporated association, governmental agency, or registered to a professional designation (that is, T/A, PA or P.C.) where such autos are furnished to individuals and not used for business purposes.

“Private passenger type automobile” means a vehicle that meets the definition in N.J.S.A. 39:6A-2a and is owned by a corporation, partnership or any other entity except an individual or husband and wife.

“Voluntary All Other Automobile Direct Written Premiums” means automobile liability, personal injury protection, and physical damage premiums written by a participant on New Jersey risks, minus:

1. CAIP direct written premiums included in the figures which the participant wrote as a service carrier for CAIP;
2. Any direct written premiums included in the figures from insureds who are eligible applicants for any residual market mechanism created by statute other than the CAIP.
3. Any reinsurance premiums assumed from other insurers included in the figures; and
4. Any premiums for Death and Disability coverage included in the figures.

Amended by R.1991 d.45, effective February 4, 1991.

See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Deleted definition of NJAFIUA and references to it; added text to definitions for “Private passenger automobile” and “Voluntary All Other Automobile Direct Written Premiums.”

Amended by R.1996 d.502, effective October 21, 1996.

See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

Inserted “Personal injury protection”.

11:3-1.3 Creation of the plan

(a) There is created in the State of New Jersey a plan for the administration and apportionment of automobile insurance for qualified applicants to be known as the Commercial Automobile Insurance Plan hereafter referred to as “CAIP.”

(b) CAIP shall be administered by the governing committee pursuant to this subchapter and a plan of operation approved by the Commissioner.

(c) Every insurer admitted to transact and transacting motor vehicle insurance in the State of New Jersey shall participate in CAIP to the extent required by this subchapter and the plan of operation.

Amended by R.1996 d.502, effective October 21, 1996.

See: 27 N.J.R. 4489(a), 28 N.J.R. 4586(a).

11:3-1.4 Governing committee

(a) CAIP shall be administered by a governing committee of 14 members.

1. Eight members shall be salaried employees of an insurer which is a participant of CAIP.

2. Three members shall be licensed producers.

3. One member shall be public representative who is knowledgeable about automobile insurance matters but who is not employed by, or otherwise affiliated with, insurance producers, or other entities of the insurance industry.

4—QUESTIONS

- 1. Is the claim payable under an uninsured motorist endorsement? Yes ___ No ___
N.J.S.A. 17:28-1.1
(See check list, Section 5 below, before answering)
- 2. Were you covered by any Workers' Compensation Law for injuries received? Yes ___ No ___
N.J.S.A. 39:6-70
- 3. Were you the spouse, parent or child of the uninsured motorist against whom the claim was made? Yes ___ No ___
N.J.S.A. 39:6-70
- 4. Were you the owner or registrant of an uninsured motor vehicle? Yes ___ No ___
N.J.S.A. 39:6-70
- 5. Were you operating or riding in a motor vehicle without the permission of the owner? Yes ___ No ___
N.J.S.A. 39:6-70
- 6. Were you operating a motor vehicle in violation of an order of suspension or revocation of your license? Yes ___ No ___
N.J.S.A. 39:6-70
- 7. Are your medical bills payable under any medical payment plan? Blue Cross, HMO, private, etc. Yes ___ No ___
N.J.S.A. 39:6-86.2

ANY PERSON WHO PROVIDES ANY FALSE OR MISLEADING INFORMATION TO THE UCJF IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I CERTIFY THAT ALL STATEMENTS MADE BY ME ARE TRUE.

I AM AWARE THAT IF ANY STATEMENTS MADE HEREIN ARE FALSE, I AM SUBJECT TO PUNISHMENT.

Signature _____ Date _____
CLAIMANT

Signature _____ I.D. No. or S.S. No. _____
PERSONAL REPRESENTATIVE

5—CHECK LIST

Please attach the following (where applicable) to this Notice of Intention.

- 1. A copy of the police report.
- 2. A certification by a physician of the injuries sustained, treatment provided and prognosis thus far.
- 3. Estimates of a repairman or an itemized repair bill for property damage other than to your vehicle.
- 4. Such information as is known to you as to liability insurance in effect with respect to the motor vehicles involved in the accident.
- 5. Have you checked as to the availability of uninsured motorist coverage? The liability insurance policy of the motor vehicles involved must provide uninsured motorist coverage to all persons in an insured vehicle. Uninsured motorist coverage is also available to the named insured and members of his household when he or she is a pedestrian or passenger in another vehicle.

6—LITIGATION

IF YOU HAVE COMMENCED A LAWSUIT, ATTACH A COPY OF THE COMPLAINT. IF YOU COMMENCE A SUIT AFTER FILING THIS NOTICE, YOU MUST NOTIFY THE UNSATISFIED CLAIM AND JUDGMENT FUND BOARD WITHIN 15 DAYS BY GIVING IT A COPY OF YOUR COMPLAINT. N.J.S.A. 39:6-65

7—YOU CANNOT COLLECT FROM THE FUND IF:

- 1. You fail to notify the Board of your intention to make a claim within ninety days of the date of the accident. N.J.S.A. 39:6-65
- 2. Claimant's injuries or death are covered by Workers' Compensation. N.J.S.A. 39:6-70
- 3. You are the spouse, parent or child of the judgment debtor (person against whom claim is made). N.J.S.A. 39:6-70
- 4. You were at the time of the accident operating or riding in a motor vehicle which you had stolen or helped to steal or were operating or riding in a motor vehicle without the owner's permission. N.J.S.A. 39:6-70
- 5. You were the owner or registrant of an uninsured vehicle. N.J.S.A. 39:6-70
- 6. The judgment debtor was insured at the time of the accident and the insurance company is liable to pay part or all of the judgment. N.J.S.A. 39:6-70
- 7. The claim is covered by uninsured motorist coverage, collision insurance, extended fire or other insurance. N.J.S.A. 17:28-1.1
- 8. The damage to your vehicle or property is covered by an insurance policy. N.J.S.A. 39:6-70
- 9. Your claim is for property damage of \$500.00 or less. N.J.S.A. 39:6-73
- 10. The claim is for property damage caused by a hit and run motor vehicle. N.J.S.A. 39:6-78
- 11. You were operating a motor vehicle in violation of an order of suspension or revocation. N.J.S.A. 39:6-70
- 12. The accident occurred out of State. N.J.S.A. 39:6-65

If you are a driver involved in an accident resulting in injury to or death of any person or damage to property of any one person in excess of five hundred dollars (\$500), you must report this accident to the Security Responsibility Accident Reporting Section, Division of Motor Vehicles, CN 050, Trenton NJ 08666-0050. N.J.S.A. 39:4-130

New Rule, R.1997 d.85, effective February 18, 1997.
See: 28 N.J.R. 5030(a), 29 N.J.R. 551(a).

SUBCHAPTER 27. UNSATISFIED CLAIM AND JUDGMENT FUND BOARD

11:3-27.1 Uninsured's current financial status

(a) Upon review of a case by the Unsatisfied Claim and Judgment Fund Board, if the Board does not have sufficient current information to determine whether or not the uninsured's installment payment is reasonable, a request will be addressed to the uninsured asking for a statement of current financial status.

(b) If the uninsured fails to furnish a completed statement of current financial status within a time period to be established by the executive director, the Unsatisfied Claim and Judgment Fund Board will request the Director of Motor Vehicles to suspend the license and all registrations of the uninsured pursuant to N.J.S.A. 39:5-30 and 39:5-87, for failure to furnish this information.

SUBCHAPTER 28. UNSATISFIED CLAIM AND JUDGMENT FUND'S REIMBURSEMENT OF EXCESS MEDICAL EXPENSE BENEFITS PAID BY INSURERS

11:3-28.1 Purpose and scope

(a) The purpose of this subchapter is to establish procedures to ensure that only appropriate, reimburseable claims are submitted to the Fund by insurers by requiring investigation of the medical necessity for certain claims; requiring the audit of claims of \$10,000 or more submitted by licensed providers of health care services or claims of \$25,000 or more by health care facilities; and requiring prior approval of claims for alterations to vehicles and residences. This subchapter also requires insurers to pursue the proper, alternative sources for reimbursement where such other sources of funds are available.

(b) This subchapter applies to all insurers authorized in this State to write the kinds of insurance specified in paragraphs d and e of N.J.S.A. 17:17-1.

Repeal and New Rule, R.1993 d.583, effective November 15, 1993.
See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

Section was "Notification of potential for payment of excess medical expense benefits".

11:3-28.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Board" means the Unsatisfied Claim and Judgment Fund Board created in accordance with N.J.S.A. 39:6-64.

"Diagnosis related groups" or "DRG" means a patient classification scheme in which cases are grouped by shared characteristics of principal diagnosis, secondary diagnosis, age, surgical procedure, and other complications. Each DRG exhibits a consistent amount of resource consumption as measured by some unit (for example, length of stay or dollars).

"Excess medical expenses benefits" means medical expense benefits paid in accordance with N.J.S.A. 39:6A-4a, 39:6A-4.3, or 39:6A-3.1 that are in excess of \$75,000 resulting from personal injury to any one person in any one accident.

"Fund" means the Unsatisfied Claim and Judgment Fund established pursuant to N.J.S.A. 39:6-61 et seq.

"Health care facility" means a health care provider that is a facility or institution, whether public or private, engaged principally in providing services for diagnosis of treatment of pain, injury, deformity or physical condition, including, but not limited to, a general hospital, special hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, outpatient clinic, dispensary or residential health care facility.

"Health care provider" or "provider" means those persons licensed or certified to perform health care treatment or services compensable as medical expenses and shall include, but not be limited to:

1. A hospital or health care facility which is maintained by a state or any of its political subdivisions;
2. A hospital or health care facility licensed by the Department of Health and Senior Services;
3. Other hospitals or health care facilities designated by the Department of Health and Senior Services to provide health care services, or other facilities, including facilities for radiology and diagnostic testing, freestanding emergency clinics or offices, and private treatment centers;
4. A nonprofit voluntary visiting nurse organization providing health care services other than in a hospital;
5. Hospitals or other health care facilities or treatment centers located in other states or nations;
6. Physicians licensed to practice medicine and surgery;
7. Licensed chiropractors;
8. Licensed dentists;
9. Licensed optometrists;
10. Licensed pharmacists;
11. Licensed chiropraxists (podiatrists);

See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

Case Notes

Unsatisfied Claim and Judgment Fund not required to reimburse insurers of out-of-state vehicles for PIP benefits in excess of \$75,000. *Martin v. Home Ins. Co.*, 141 N.J. 279, 661 A.2d 808 (1995).

11:3-28.8 Audits

Upon request of the Fund, the insurer(s) shall present for audit at the direction of the Executive Director at a New Jersey location all policy and claim records on which notice of potential for payment of excess medical expense benefits have been submitted.

Recodified from 11:3-28.7 and amended by R.1993 d.583, effective November 15, 1993.

See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

11:3-28.9 Reporting of losses for personal injury protection payments in excess of \$75,000

(a) For purposes of completing page 14, Exhibit of Premiums and Losses, of the annual statement filed pursuant to N.J.S.A. 17:23-1, the insurer shall include the total amount of losses for private passenger automobile and commercial automobile personal injury protection payments (lines 19.1 and 19.3), including those in excess of \$75,000. Insurers shall also provide a footnote on page 14 that indicates the amount of losses reported, excluding losses from payments of private passenger automobile and commercial automobile personal injury protection payments in excess of \$75,000.

(b) For purposes of completing Schedule F of the annual statement, insurers shall consider the assumption and reimbursement by the Fund of private passenger automobile and commercial automobile personal injury protection payments in excess of \$75,000 as a reinsurance transaction. Insurers shall consider assessments paid to the UCJF pursuant to N.J.S.A. 39:6-63 based on the insurer's premiums for private passenger automobile liability insurance (including PIP) and commercial automobile liability insurance (including PIP) as ceded premium, pro rated for the appropriate line of business on which the assessment was based.

(c) Insurers shall comply with the provisions of this section beginning with the annual statement due March 1, 1994 (covering the calendar year ended December 31, 1993). For purposes of completing the annual statement due March 1, 1993 (covering the calendar year ended December 31, 1992), insurers shall file by no later than July 1, 1993 a supplemental page 14 and schedule F of the annual statement in accordance with the provisions of this section.

New Rule, R.1993 d.178, effective April 19, 1993.

See: 24 N.J.R. 3215(a), 24 N.J.R. 1769(a).

Recodified from 11:3-28.8 and amended by R.1993 d.583, effective November 15, 1993.

See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

11:3-28.10 Insurers' obligations to investigate and audit bills for medical benefits

(a) For purposes of reimbursement by the Fund, an insurer shall conduct an investigation and audit of claims submitted by health care facilities where such claims are equal to or in excess of \$25,000.

1. Failure of an insurer to complete an audit in accordance with these rules shall result in a 20 percent reduction in payment to the insurer by the Fund of the unaudited, reimbursable bill.

2. Per diem billings for health care facilities are not subject to the audit requirements set forth in this subchapter.

3. An insurer shall conduct an initial on-site audit for charges by health care facilities to determine whether the level of care, need and charges are appropriate.

4. An insurer may pay 80 percent of the provider's bill prior to completion of the initial on-site audit. The remaining amount due, if any, shall be paid following completion of the insurer's audit.

5. Annual on-site audits shall be completed in 12-month intervals, from the initial on-site audit and shall be filed with the Fund within 90 days of completion of the audit; and

6. Whenever a change in services occurs such as, but not limited to, the level of care, the daily room rate or additional charges, an insurer shall conduct an on-site audit and shall provide the audit and auditor's statement to the Fund with the next reimbursement request.

7. All other audits shall be conducted prior to payment to the health care facility and may be performed on a pre-screen basis as set forth in (e) below.

(b) For purposes of reimbursement by the Fund, an insurer shall conduct an investigation and audit of claims submitted by providers other than health care facilities where such claims are equal to or in excess of \$10,000.

1. Failure of an insurer to complete an audit in accordance with this subchapter shall result in a 20 percent reduction in payment to the insurer by the Fund of the unaudited, reimbursable bill.

(c) The thresholds in (a) and (b) above are cumulative for each confinement associated with damages resulting from bodily injuries arising out of the ownership, maintenance or use of a motor vehicle in this State and shall incorporate all claims submitted per confinement by the provider.

(d) To be eligible for reimbursement by the Fund, insurers shall audit, prior to payment, bills submitted for continuous treatment from any provider which exceed or may exceed the applicable threshold.

(e) Audits of all providers conducted pursuant to this subchapter, including the audit of DRG bills and successor pricing, shall be performed by:

1. Licensed nursing personnel with two years experience or training in required auditing and hospital practices; or
2. An outside auditing firm retained by the insurer for such purposes.

(f) Audits performed shall include, but not be limited to, confirmation of compliance with the medical fee schedule set forth at N.J.A.C. 11:3-29 including those situations where the insurer does not provide the primary coverage to the claimant.

(g) An insurer is not required to conduct a separate, independent audit, if it has obtained a true copy of an audit conducted by the primary insurer or health insurer.

(h) Insurers shall append copies of audits conducted, including those conducted by the primary insurer or health insurer, and the auditor's statements with the reimbursement request filed with the Fund in accordance with N.J.A.C. 11:3-28.7.

New Rule, R.1993 d.583, effective November 15, 1993.

See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

In (b), inserted "other than health care facilities" following "providers" in the introductory paragraph; in (c), deleted "health care facility or by each individual" preceding "provider"; and in (d) and (e), deleted references to health care facilities.

11:3-28.11 Modifications to vehicles

(a) An insurer shall obtain prior approval from the Fund for modifications to a claimant's vehicle, or vehicle to be used for the benefit of the claimant, the cost of which may be reimbursed by the Fund.

(b) An insurer shall submit a written request to the Fund, seeking approval of modifications which are equal to or in excess of \$1,000, within 30 days of a claimant's request for modifications.

(c) A request to obtain prior approval from the Fund shall include the following:

1. A written recommendation for the modification by the claimant's primary care physician including:

i. Where the claimant is the operator of the vehicle, current findings on the claimant's physical ability to drive and a copy of the claimant's current driver's license;

ii. A brief analysis of the medical necessity and medical purpose for the requested modifications;

iii. A description of the purpose for which the vehicle will be used; and

iv. Verification that the requested modifications are necessitated by injuries sustained by the claimant in the subject accident;

2. A cost benefit analysis, supported by appropriate documentation, comparing the cost of modifying the claimant's vehicle to the cost of alternate methods of transporting the claimant. This analysis shall incorporate an evaluation of the anticipated miles to be driven per year for medically necessary health care services, including a breakdown reflecting the number of miles to be driven to obtain health care service and the frequency of such services, the cost per mile of alternate means of such transportation, as well as the useful life of the vehicle;

3. An agreement between the insurer and the claimant setting forth, but not limited to:

i. The claimant's responsibility to maintain insurance on the vehicle; and

ii. The claimant's responsibility to repair and maintain the vehicle; and

4. Any additional information specifically requested by the Fund with regard to a particular application for approval.

(d) The insurer may independently evaluate, or be required by the Fund to evaluate, the claimant by a physician chosen by the insurer and approved by the Fund, at the insurer's cost, to determine whether a medical necessity and medical purpose exist for modifications to the vehicle. The evaluation shall include a review of the elements considered in the primary evaluation as set forth at (c) above.

(e) The Fund shall not approve modifications to a vehicle unless it is demonstrated that the modifications are required for purposes of medical necessity resulting from injuries sustained by the claimant in the subject accident, are required for a medical purpose and the modifications are shown to be cost effective or as the Fund may otherwise determine.

(f) A request for modifications may be denied for failure to fulfill any of the above conditions.

New Rule, R.1993 d.583, effective November 15, 1993.
See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

11:3-28.12 Modifications to a claimant's residence

(a) An insurer shall obtain prior approval from the Fund for any modifications to a claimant's primary residence the cost of which may be reimbursed by the Fund.

(b) An insurer shall submit a written request to the Fund, seeking approval of modifications which are equal to or in excess of \$10,000, within 30 days of a claimant's request for modifications.

(c) A request to obtain prior approval from the Fund shall include the following:

1. A written recommendation for the modification by the claimant's primary care physician including:

i. A brief analysis of the medical necessity for the requested modifications; and

ii. Verification that the requested modifications are necessitated by injuries sustained by the claimant in the subject accident;

2. Medical documentation estimating the claimant's life expectancy;

3. A cost benefit analysis, supported by appropriate documentation, which establishes that the proposed modifications are more cost effective than long term residential care services. The analysis shall include, in accordance with Appendix B incorporated herein by reference, an evaluation based on the life expectancy of the claimant and a comparison between the costs of the modifications and home care to be provided, to the costs of other residential care alternatives;

4. An evaluation prepared by an independent consultant experienced in barrier free designs that sets forth the type of modifications required and the costs of such modifications;

5. An agreement setting forth the responsibilities regarding the obligations of the claimant, the owner of the property or both and the insurer for, but not limited to:

i. The claimant's or property owner's responsibility for:

(1) The expenses for upkeep of the residence;

(2) Maintenance of insurance on the property; and

(3) Repayment to the insurer in the event of the claimant's relocation, death or upon the sale of the modified premises; and

ii. The insurer's obligation to remove nonessential equipment;

6. A repayment agreement with an amortization provision which provides an amortization term and amount, once a modification is determined to be cost effective,

calculated in accordance with the formula provided in Appendix B to this subchapter; and

7. Any other additional information specifically requested by the Fund with regard to a particular application for approval.

(d) The insurer may independently evaluate, or be required by the Fund to evaluate, the claimant by a physician chosen by the insurer and approved by the Fund, at the insurer's cost, to determine whether a medical necessity for the modifications exist. The evaluation shall include a review of the elements considered in the primary evaluation as set forth at (c) above.

(e) The Fund shall not approve modifications to a residence unless it is demonstrated that the modifications are required for purposes of medical necessity resulting from injuries sustained by the claimant in the subject accident and the modifications are shown to be cost effective or as the Fund may otherwise determine.

(f) A request for modification may be denied for failure to fulfill any of the above requirements.

(g) Where a request for modifications is approved, the insurer shall record a lien against the modified property in the county in which the property is located and shall file a copy of the recorded lien with the Fund within 30 days.

1. This provision shall not apply to rental property.

(h) Where a claimant seeks to modify rental property, the insurer shall obtain:

1. A written consent from the owner of the property which permits the modifications and indemnifies the insurer and the Fund from any other liabilities relating thereto; and

2. A written agreement between the claimant and the insurer, in which the claimant agrees to reimburse the insurer for the unamortized costs of the improvements in the event of the claimant's relocation or death.

(i) Upon the claimant's relocation or death, the claimant, the claimant's estate or the owner of the property against which the lien is recorded, shall reimburse the insurer for the unamortized cost of the modifications to the claimant's residence.

(j) The claimant, the claimant's estate or the owner of the property against which the lien was recorded, shall have a reasonable period in which to reimburse the insurer.

(k) Where repayment by the claimant or the claimant's estate is required pursuant to this section, interest shall accrue at the prevailing rate of post judgment interest as set forth in the rules governing civil practice in the New Jersey Court Rules in effect at the time of execution of the repayment agreement, until the amount owed is paid in full.

(l) Within 30 days from the date of the claimant's relocation or death, the insurer shall so notify the Fund in writing and shall include the terms of repayment by the claimant to the insurer. The insurer shall repay the Fund for such reimbursement.

1. The insurer shall be required to repay the Fund within 60 days from receipt of any and all partial payments or from the receipt of a payment made in full by the claimant.

(m) A warrant discharging the lien shall be filed by the insurer when the full amount owed to the insurer, in accordance with the amortization agreement, is satisfied.

New Rule, R.1993 d.583, effective November 15, 1993.
See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

11:3-28.13 Insurer's obligation to obtain recovery of payments for paid medical expense benefit claims

(a) The Fund shall deny reimbursement to insurers for paid medical expense benefit claims if an insurer has failed to pursue any and all responsible tortfeasors within the time prescribed by law at N.J.S.A. 39:6A-13.1.

1. An insurer's failure to diligently pursue its right of recovery of medical expense benefit claim payments shall result in the denial of reimbursement by the Fund for these claims.

2. The Fund shall recover any reimbursement payments which were made to an insurer, where the insurer failed to diligently pursue its right of recovery against a tortfeasor.

3. An insurer shall obtain prior approval from the Fund before settling or compromising a claim against a tortfeasor.

(b) Any and all expenses and fees incurred by the insurer as a result of the pursuit of a right of recovery against a tortfeasor, shall be borne by the insurer.

New Rule, R.1993 d.583, effective November 15, 1993.
See: 25 N.J.R. 2636(b), 25 N.J.R. 5219(a).

11:3-28.14 Insurer's responsibility upon assignment of an uninsured motorist claim

(a) An insurer shall, within 10 business days of receipt of a claim assignment and accompanying instruction sheet (see Appendix B, Item 1, incorporated herein by reference) from the Fund, submit a letter to the Fund which:

1. Acknowledges receipt of the assignment and the accompanying instruction sheet; and

2. Provides the names and telephone numbers of the case handler or manager, the claim investigator and the claim adjuster.

(b) An insurer shall, within 10 business days from the date it assigns the claim to defense counsel, provide the Fund with the name, address and telephone number of defense counsel.

(c) An insurer shall, within 10 business days, provide written notice to the Fund of any changes, substitutions or replacements which occur with respect to any of the persons identified pursuant to (a)2 or (b) above.

New Rule, R.1994 d.597, effective December 5, 1994.
See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).

11:3-28.15 Procedures for handling as assigned uninsured motorist claim

(a) Each insurer shall:

1. Perform an investigation in accordance with the procedures set forth in the instruction sheet and obtain the following:

- i. Confirmation that there is no insurance available for the claim;
- ii. Confirmation of the claimant's eligibility based on N.J.S.A. 39:6-70 or 39:6-78;
- iii. A police report;
- iv. Witness statements;
- v. Copies of medical reports, bills and hospital records; and
- vi. A central index bureau ("C.I.B.") report;

2. Forward to assigned defense counsel a copy of the instruction sheet for reference; and

3. Forward to the Fund's claim adjuster for certification responses to interrogatories propounded upon the Commissioner in hit and run cases.

(b) An insurer or assigned defense counsel shall obtain and file with the Fund, within five business days of receipt, all documents which relate to the claim including, but not limited to:

1. Documents relating to the discovery of information including, but not limited to:

- i. Interrogatories propounded by the claimant and any responses thereto;
- ii. Responses to interrogatories propounded by the insurer;
- iii. Deposition notices; and
- iv. Deposition transcripts;

2. Documents filed with the court including, but not limited to:

- i. Motion papers;
- ii. Briefs; and

iii. Settlement or consent agreements; and

iv. Orders entered by the Court; and

3. Scheduling notices, notices of arbitration and any results thereof; other correspondence from the courts; and any judgments or court decisions which affect the claim in whole or in part and copies of trial or hearing transcripts upon the request of the Fund.

(c) Within 60 days of receipt of a claim assignment, an insurer shall file with the Fund a completed 60-day Report as set forth in Appendix B, Item 2, incorporated herein by reference, and the following information:

1. The results of the investigation conducted in accordance with (a)1 above;
2. An estimate of the amount of damages involved;
3. A brief synopsis of the status of the case;
4. All answers to interrogatories not previously filed, which have been propounded on the Fund, the Commissioner or any known defendants;
5. Answers to interrogatories propounded by the insurer; and
6. Any other pertinent documents filed with the court in connection with the matter which were not previously forwarded to the Fund.

(d) At six-month intervals, the following initial receipt of a case assignment, an insurer shall file with the Fund an updated, detailed Six Month Summary Report as set forth at Appendix B. Item 3. Incorporated herein by reference, and the following information:

1. An update of the information set forth in (b) and (c) above;
2. A brief summary which describes the status of the case, outlines the action taken to date, sets forth anticipated future action and/or strategy; and the anticipated outcome;
3. The discovery of any evidence of a fraudulent claim. Such information shall be referred to an insurer's special investigation unit. The unit shall, thereafter forward its findings to the Office of the Insurance Fraud Prosecutor with a copy to the Fund; and
4. All other relevant information discovered during the pendency of the claim.

(e) An insurer shall provide notice to the Fund of any and all hearings, motions, arbitration and trial dates in a manner which provides sufficient notice to facilitate the Fund's review of the file prior thereto. An insurer shall provide notice to the Fund's claim adjuster either by telephone and confirming letter, facsimile transmission or mail.

(f) An insurer shall consult with the Fund and obtain prior approval from the Board before:

1. Entering into a settlement or judgment by consent in accordance with N.J.S.A. 39:6-72 or 6-82;
2. Proceeding to trial; or
3. Filing a motion for reconsideration.

(g) An insurer shall consult with the Fund and obtain prior approval from the Board before filing an appeal from an order or judgment adverse to the Fund.

(h) Prior approval from the Board shall be obtained by telephoning the Fund at (609) 292-3100 or by writing to:

Fund Adjuster
Unsatisfied Claim and Judgment Fund
PO Box 325
Trenton, NJ 08625-0325

(i) For each assigned claim, an insurer shall review all medical bills submitted by claimants to ensure compliance with the medical fee schedule set forth at N.J.A.C. 11:3-29. Where a medical bill is not in compliance with N.J.A.C. 11:3-29, the insurer shall immediately notify the Fund of the discrepancy.

New Rule, R.1994 d.597, effective December 5, 1994.
See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).
Amended by R.2001 d.44, effective February 5, 2001.
See: 32 N.J.R. 3891(a), 33 N.J.R. 573(a).

11:3-28.16 (Reserved)

11:3-28.17 Penalties

Failure of an assigned insurer to comply with these rules shall result in the imposition of penalties prescribed by law.

New Rule, R.1994 d.597, effective December 5, 1994.
See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).

NEW JERSEY COUNTY/MUNICIPALITY CODES
 Enter the Appropriate Four-Digit Number on Line 6, Vendor Data

ATLANTIC COUNTY

- 0101—Absecon City
- 0102—Atlantic City
- 0103—Brigantine City
- 0104—Buena Bor.
- 0105—Buena Vista Twp.
- 0106—Corbin City City
- 0107—Egg Harbor City
- 0108—Egg Harbor Twp.
- 0109—Estell Manor City
- 0110—Folsom Bor.
- 0111—Galloway Twp.
- 0112—Hamilton Twp.
- 0113—Hammonton Town
- 0114—Linwood City
- 0115—Longport Bor.
- 0116—Margate City
- 0117—Mullica Twp.
- 0118—Northfield City
- 0119—Pleasantville City
- 0120—Port Republic City
- 0121—Somers Point City
- 0122—Ventnor City
- 0123—Weymouth Twp.

BERGEN COUNTY

- 0201—Alendale Bor.
- 0202—Alpine Bor.
- 0203—Bergenfield Bor.
- 0204—Bogota Bor.
- 0205—Carlstadt Bor.
- 0206—Cliffside Park Bor.
- 0207—Closter Bor.
- 0208—Cresskill Bor.
- 0209—Demarest Bor.
- 0210—Dumont Bor.
- 0211—Elmwood Park Bor.
- 0212—East Rutherford Bor.
- 0213—Edgewater Bor.
- 0214—Emerson Bor.
- 0215—Englewood City
- 0216—Englewood Cliffs Bor.
- 0217—Fair Lawn Bor.
- 0218—Fairview Bor.
- 0219—Fort Lee Bor.
- 0220—Franklin Lakes Bor.
- 0221—Garfield City
- 0222—Glen Rock Bor.
- 0223—Hackensack City
- 0224—Harrington Park Bor.
- 0225—Hasbrouck Heights Bor.
- 0226—Haworth Bor.
- 0227—Hillsdale Bor.
- 0228—Hohokus Bor.
- 0229—Leonia Bor.
- 0230—Little Ferry Bor.
- 0231—Lodi Bor.
- 0232—Lyndhurst Twp.
- 0233—Mahwah Twp.
- 0234—Maywood Bor.
- 0235—Midland Park Bor.
- 0236—Montvale Bor.
- 0237—Moonachie Bor.
- 0238—New Milford Bor.
- 0239—North Arlington Bor.
- 0240—Northvale Bor.
- 0241—Norwood Bor.
- 0242—Oakland Bor.
- 0243—Old Tappan Bor.
- 0244—Oradell Bor.
- 0245—Palisades Park Bor.
- 0246—Paramus Bor.
- 0247—Park Ridge Bor.
- 0248—Ramsey Bor.
- 0249—Ridgefield Bor.
- 0250—Ridgefield Park Village
- 0251—Ridgewood Village
- 0252—Riveredge Bor.
- 0253—Rivervale Twp.
- 0254—Rochelle Park Twp.
- 0255—Rockleigh Bor.
- 0256—Rutherford Bor.
- 0257—Saddle Brook Twp.
- 0258—Saddle River Bor.
- 0259—South Hackensack Twp.
- 0260—Teaneck Twp.
- 0261—Tenafly Bor.
- 0262—Teterboro Bor.
- 0263—Upper Saddle River Bor.
- 0264—Waldwick Bor.
- 0265—Washington Bor.
- 0266—Westwood Bor.
- 0267—Woodcliff Lake Bor.
- 0268—Wood-Ridge Bor.
- 0270—Wyckoff Twp.

BURLINGTON COUNTY

- 0301—Bass River Twp.
- 0302—Beverly City
- 0303—Bordentown City

- 0304—Bordentown Twp.
- 0305—Burlington City
- 0306—Burlington Twp.
- 0307—Chesterfield Twp.
- 0308—Cinnaminson Twp.
- 0309—Delance Twp.
- 0310—Delran Twp.
- 0311—Eastampton Twp.
- 0312—Edgewater Park Twp.
- 0313—Evesham Twp.
- 0314—Fieldsboro Bor.
- 0315—Florence Twp.
- 0316—Hainesport Twp.
- 0317—Lumberton Twp.
- 0318—Mansfield Twp.
- 0319—Maple Shade Twp.
- 0320—Medford Twp.
- 0321—Medford Lakes Bor.
- 0322—Moorestown Twp.
- 0323—Mount Holly Twp.
- 0324—Mount Laurel Twp.
- 0325—New Hanover Twp.
- 0326—No. Hanover Twp.
- 0327—Palmyra Bor.
- 0328—Pemberton Bor.
- 0329—Pemberton Twp.
- 0330—Riverside Twp.
- 0331—Riverton Bor.
- 0332—Shamong Twp.
- 0333—Southampton Twp.
- 0334—Springfield Twp.
- 0335—Tabernacle Twp.
- 0336—Washington Twp.
- 0337—Westampton Twp.
- 0338—Willingboro Twp.
- 0339—Woodland Twp.
- 0340—Wrightstown Bor.

CAMDEN COUNTY

- 0401—Audubon Bor.
- 0402—Audubon Park Bor.
- 0403—Barrington Bor.
- 0404—Bellmaw Bor.
- 0405—Berlin Bor.
- 0406—Berlin Twp.
- 0407—Brooklawn Bor.
- 0408—Camden City
- 0409—Cherry Hill Twp.
- 0410—Chesilhurst Bor.
- 0411—Clementon Bor.
- 0412—Collingswood Bor.
- 0413—Gibbsboro Bor.
- 0414—Gloucester City
- 0415—Gloucester Twp.
- 0416—Haddon Twp.
- 0417—Haddonfield Bor.
- 0418—Haddon Heights Bor.
- 0419—Hi Nella Bor.
- 0420—Laurel Springs Bor.
- 0421—Lawnside Bor.
- 0422—Lindenwald Bor.
- 0423—Magnolia Bor.
- 0424—Merchantville Bor.
- 0425—Mt. Ephraim Bor.
- 0426—Oaklyn Bor.
- 0427—Pennsauken Twp.
- 0428—Pine Hill Bor.
- 0429—Pine Valley Bor.
- 0430—Runnemede Bor.
- 0431—Somerdale Bor.
- 0432—Stratford Bor.
- 0433—Tavistock Bor.
- 0434—Voorhees Twp.
- 0435—Waterford Twp.
- 0436—Winslow Twp.
- 0437—Woodylyne Bor.

CAPE MAY COUNTY

- 0501—Avalon Bor.
- 0502—Cape May City
- 0503—Cape May Point Bor.
- 0504—Dennis Twp.
- 0505—Lower Twp.
- 0506—Middle Twp.
- 0507—North Wildwood City
- 0508—Ocean City City
- 0509—Sea Isle City City
- 0510—Stone Harbor Bor.
- 0511—Upper Twp.
- 0512—West Cape May Bor.
- 0513—West Wildwood Bor.
- 0514—Wildwood City
- 0515—Wildwood Crest Bor.
- 0516—Woodbine Bor.

CUMBERLAND COUNTY

- 0601—Bridgeton City
- 0602—Commercial City
- 0603—Deerfield Twp.
- 0604—Downe Twp.
- 0605—Fairfield Twp.

- 0606—Greenwich Twp.
- 0607—Hopewell Twp.
- 0608—Lawrence Twp.
- 0609—Maunce River Twp.
- 0610—Millville City
- 0611—Shiloh Bor.
- 0612—Stow Creek Twp.
- 0613—Upper Deerfield Twp.
- 0614—Vineland City

ESSEX COUNTY

- 0701—Belleville Twp.
- 0702—Bloomfield Twp.
- 0703—Caldwell Borough Twp.
- 0704—Cedar Grove Twp.
- 0705—East Orange City
- 0706—Essex Falls Twp.
- 0707—Fairfield Twp.
- 0708—Glen Ridge Twp.
- 0709—Irvington Twp.
- 0710—Livingston Twp.
- 0711—Maplewood Twp.
- 0712—Milburn Twp.
- 0713—Montclair Twp.
- 0714—Newark City
- 0715—North Caldwell Twp.
- 0716—Nutley Twp.
- 0717—Orange City Twp.
- 0718—Roseland Bor.
- 0719—South Orange Village
- 0720—Verona Twp.
- 0721—West Caldwell Twp.
- 0722—West Orange Twp.

GLOUCESTER COUNTY

- 0801—Clayton Bor.
- 0802—Deptford Twp.
- 0803—East Greenwich Twp.
- 0804—Elk Twp.
- 0805—Franklin Bor.
- 0806—Glassboro Bor.
- 0807—Greenwich Twp.
- 0808—Harrison Twp.
- 0809—Logan Twp.
- 0810—Mantua Twp.
- 0811—Monroe Twp.
- 0812—National Park Bor.
- 0813—Newfield Bor.
- 0814—Paulsboro Bor.
- 0815—Pitman Bor.
- 0816—South Harrison Twp.
- 0817—Swedesboro Bor.
- 0818—Washington Twp.
- 0819—Wenonah Bor.
- 0820—West Deptford Twp.
- 0821—Westville Bor.
- 0822—Woodbury City
- 0823—Woodbury Heights Bor.
- 0824—Woolwich Twp.

HUDSON COUNTY

- 0901—Bayonne City
- 0902—East Newark Bor.
- 0903—Guttenburg Town
- 0904—Harrison Town
- 0905—Hoboken City
- 0906—Jersey City City
- 0907—Kearny Twp.
- 0908—North Bergen Twp.
- 0909—Secaucus Town
- 0910—Union City City
- 0911—Weehawken Twp.
- 0912—West New York

HUNTERDON COUNTY

- 1001—Alexandria Twp.
- 1002—Bethlehem Twp.
- 1003—Bloomsbury Bor.
- 1004—Calton Bor.
- 1005—Clinton Town
- 1006—Clinton Twp.
- 1007—Delaware Twp.
- 1008—East Amwell Twp.
- 1009—Flemington Bor.
- 1010—Franklin Twp.
- 1011—Frenchtown Bor.
- 1012—Glen Gardner Bor.
- 1013—Hampton Bor.
- 1014—High Bridge Bor.
- 1015—Holland Twp.
- 1016—Kingwood Twp.
- 1017—Lambertville City
- 1018—Lebanon Bor.
- 1019—Lebanon Twp.
- 1020—Milford Bor.
- 1021—Raritan Twp.
- 1022—Readington Twp.
- 1023—Stockton Bor.
- 1024—Tewksbury Twp.
- 1025—Union Twp.
- 1026—West Amwell Twp.

MERCER COUNTY

- 1101—East Windsor Twp.
- 1102—Ewing Twp.
- 1103—Hamilton Twp.
- 1104—Highstown Bor.
- 1105—Hopewell Bor.
- 1106—Hopewell Twp.
- 1107—Lawrence Twp.
- 1108—Pennington Bor.
- 1109—Princeton Bor.
- 1110—Princeton Twp.
- 1111—Trenton City
- 1112—Washington Twp.
- 1113—West Windsor Twp.

MIDDLESEX COUNTY

- 1201—Carteret Bor.
- 1202—Cranbury Twp.
- 1203—Dunellen Bor.
- 1204—East Brunswick
- 1205—Edison Twp.
- 1206—Helmetta Bor.
- 1207—Highland Park Bor.
- 1208—Jamesburg Bor.
- 1209—Metuchen Bor.
- 1210—Middlesex Bor.
- 1211—Milltown Bor.
- 1212—Monroe Twp.
- 1213—New Brunswick City
- 1214—North Brunswick Twp.
- 1215—Old Bridge Twp.
- 1216—Perth Amboy City
- 1217—Piscataway Twp.
- 1218—Plainsboro Twp.
- 1219—Sayreville Bor.
- 1220—South Amboy City
- 1221—South Brunswick Twp.
- 1222—South Plainfield Bor.
- 1223—South River Bor.
- 1224—Spotswood Twp.
- 1225—Woodbridge Twp.

MONMOUTH COUNTY

- 1301—Aberdeen Twp.
- 1302—Allenhurst Bor.
- 1303—Allentown Bor.
- 1304—Asbury Park City
- 1305—Atlantic Highlands Bor.
- 1306—Avon-by-the-sea Bor.
- 1307—Belmar Bor.
- 1308—Bradley Beach Bor.
- 1309—Brielle Bor.
- 1310—Colts Neck Twp.
- 1311—Deal Bor.
- 1312—Eatontown Bor.
- 1313—Englishtown Bor.
- 1314—Fair Haven Bor.
- 1315—Farmingdale
- 1316—Freehold Bor.
- 1317—Freehold Twp.
- 1318—Hazlet Twp.
- 1319—Highlands Bor.
- 1320—Holmdel Twp.
- 1321—Howell Twp.
- 1322—Interlaken Bor.
- 1323—Keansburg Bor.
- 1324—Keyport Bor.
- 1325—Little Silver Bor.
- 1326—Loch Arbour Village
- 1327—Long Branch City
- 1328—Manalapan Twp.
- 1329—Manasquan Bor.
- 1330—Marlboro Twp.
- 1331—Matawan Bor.
- 1332—Middletown Twp.
- 1333—Millstone Twp.
- 1334—Monmouth Beach Bor.
- 1335—Neptune Twp.
- 1336—Neptune City Bor.
- 1337—Ocean Twp.
- 1338—Oceanport Bor.
- 1339—Red Bank Bor.
- 1340—Roosevelt Bor.
- 1341—Rumson Bor.
- 1342—Sea Bright Bor.
- 1343—Sea Girt Bor.
- 1344—Shrewsbury Bor.
- 1345—Shrewsbury Twp.
- 1346—South Belmar Bor.
- 1347—Spring Lake Bor.
- 1348—Spring Lake Heights Bor.
- 1349—Tinton Falls Bor.
- 1350—Union Beach Bor.
- 1351—Upper Freehold Twp.
- 1352—Wall Twp.
- 1353—West Long Branch Bor.

MIDDLESEX COUNTY

- 1404—Chatham Bor.
- 1405—Chatham Twp.
- 1406—Chester Bor.
- 1407—Chester Twp.
- 1408—Darville Twp.
- 1409—Dover Twp.
- 1410—East Hanover Twp.
- 1411—Florham Park Bor.
- 1412—Hanover Twp.
- 1413—Harding Twp.
- 1414—Jefferson Twp.
- 1415—Kinnelon Bor.
- 1416—Lincoln Park Bor.
- 1417—Madison Bor.
- 1418—Mendham Bor.
- 1419—Mendham Twp.
- 1420—Mine Hill Twp.
- 1421—Montville Twp.
- 1422—Morris Bor.
- 1423—Morris Plains Bor.
- 1424—Morristown Town
- 1425—Mountain Lakes Bor.
- 1426—Mount Arlington Bor.
- 1427—Mount Olive Twp.
- 1428—Netcong Bor.
- 1429—Par-Troy Hills Twp.
- 1430—Passaic Twp.
- 1431—Pegannock Twp.
- 1432—Randolph Twp.
- 1433—Riverdale Bor.
- 1434—Rockaway Bor.
- 1435—Rockaway Twp.
- 1436—Roxbury Twp.
- 1437—Victory Gardens Bor.
- 1438—Washington Twp.
- 1439—Wharton Bor.

OCEAN COUNTY

- 1501—Barnegat Twp.
- 1502—Barnegat Light Bor.
- 1503—Bay Head Bor.
- 1504—Beach Haven Bor.
- 1505—Beachwood Bor.
- 1506—Berkeley Twp.
- 1507—Brick Twp.
- 1508—Dover Twp.
- 1509—Eagleswood Twp.
- 1510—Harvey Cedars Bor.
- 1511—Island Heights Bor.
- 1512—Jackson Twp.
- 1513—Lacey Twp.
- 1514—Lakewood Twp.
- 1515—Lavellette Bor.
- 1517—Little Egg Harbor Twp.
- 1518—Long Beach Twp.
- 1519—Manchester Twp.
- 1520—Mantoloking Bor.
- 1521—Ocean Twp.
- 1522—Ocean Gate Bor.
- 1523—Pine Beach Bor.
- 1524—Plumsted Twp.
- 1525—Pt. Pleasant Bor.
- 1526—Pt. Pleasant Beach Bor.
- 1527—Seaside Heights Bor.
- 1528—Seaside Park Bor.
- 1529—Ship Bottom Bor.
- 1530—South Toms River Bor.
- 1531—Stafford Twp.
- 1532—Surf City Bor.
- 1533—Tuckerton Bor.

PASSAIC COUNTY

- 1601—Bloomington Bor.
- 1602—Clifton City
- 1603—Haledon Bor.
- 1604—Hawthorne Bor.
- 1605—Little Falls Twp.
- 1606—North Haledon Bor.
- 1607—Passaic City
- 1608—Paterson City
- 1609—Pompton Lakes Bor.
- 1610—Prospect Park Bor.
- 1611—Ringwood Bor.
- 1612—Towona Bor.
- 1613—Wanaque Bor.
- 1614—Wayne Twp.
- 1615—West Milford Twp.
- 1616—West Paterson Bor.

SALEM COUNTY

- 1701—Alloway Twp.
- 1702—Carneys Point Twp.
- 1703—Elmer Bor.
- 1704—Elsinboro Twp.
- 1705—Lower Alloways Creek Twp.
- 1706—Manning Twp.
- 1707—Oldmans Twp.
- 1708—Penns Grove Bor.
- 1709—Pennsville Twp.
- 1710—Pilesgrove Twp.

SOMERSET COUNTY

- 1711—Pittsgrove Twp.
- 1712—Quinton Twp.
- 1713—Salem City
- 1714—Upper Pittsgrove Twp.
- 1715—Woodstown Bor.

SUSSEX COUNTY

- 1801—Bedminster Twp.
- 1802—Bernards Twp.
- 1803—Bernardsville Bor.
- 1804—Bound Brook Bor.
- 1805—Branchburg Twp.
- 1806—Bridgewater Twp.
- 1807—Far Hills Bor.
- 1808—Franklin Twp.
- 1809—Green Brook Twp.
- 1810—Hillsborough Twp.
- 1811—Manville Bor.
- 1812—Millstone Bor.
- 1813—Montgomery Twp.
- 1814—North Plainfield Bor.
- 1815—Peapack-Gladstone Bor.
- 1816—Raritan Twp.
- 1817—Rocky Hill Bor.
- 1818—Somerset Twp.
- 1819—South Bound Brook Bor.
- 1820—Warren Twp.
- 1821—Watchung Bor.

UNION COUNTY

- 1901—Anderson Bor.
- 1902—Anderson Twp.
- 1903—Branchville Twp.
- 1904—Byram Twp.
- 1905—Frankford Twp.
- 1906—Franklin Bor.
- 1907—Fredon Twp.
- 1908—Green Twp.
- 1909—Hamburg Bor.
- 1910—Hampton Twp.
- 1911—Harystown Twp.
- 1912—Hopatcong Bor.
- 1913—Lafayette Twp.
- 1914—Montague Twp.
- 1915—Newton Town
- 1916—Ogdensburg Bor.
- 1917—Sandyston Twp.
- 1918—Sparta Twp.
- 1919—Starhope Bor.
- 1920—Stilwell Twp.
- 1921—Sussex Bor.
- 1922—Verona Twp.
- 1923—Walpack Twp.
- 1924—Wantage Twp.

WARREN COUNTY

- 2001—Berkeley Heights Twp.
- 2002—Clark Twp.
- 2003—Cranford Twp.
- 2004—Elizabeth City
- 2005—Fanwood Bor.
- 2006—Garwood Bor.
- 2007—Hillside Twp.
- 2008—Kenilworth Bor.
- 2009—Linden City
- 2010—Mountainside Bor.
- 2011—New Providence Bor.
- 2012—Plainfield City
- 2013—Rahway City
- 2014—Roselle Bor.
- 2015—Roselle Park Bor.
- 2016—Scotch Plains
- 2017—Springfield Twp.
- 2018—Summit City
- 2019—Union Twp.
- 2020—Westfield Twp.
- 2021—Winfield Twp.

MORRIS COUNTY

- 1401—Boonton Town
- 1402—Boonton Twp.
- 1403—Butler Bor.

Repeal and New Rule, R.1997 d.85, effective February 18, 1997.
 Sec: 28 N.J.R. 5030(a), 29 N.J.R. 551(a).

$$(a + (b \times c)) < (d \times c)$$

APPENDIX B

The Fund shall only approve modifications where the above formula applies.

AMORTIZATION FORMULA

The Fund shall evaluate the cost effectiveness of modifications to a residence and shall establish an amortization schedule based on information submitted to the Fund by the insurer. The insurer shall file with the Fund the information in categories (a) through (d) below. This information shall be accompanied by the documentation which supports the information in those categories. The factors which shall be considered by the Fund include:

2. The formula to determine the amount to be amortized monthly is as follows:

$$(d - b)/12 = e$$

3. The formula to determine the term of the amortization schedule is as follows:

$$a/e = f$$

(a) Cost of modifications;

The following examples demonstrate how the formulas shall be applied:

(b) Annual cost of home care, including but not limited to, nursing care, therapy, transportation for medical treatment and medical supplies;

(c) Life expectancy of the injured person;

(d) Annual cost of other residential care alternatives;

(e) Monthly amount amortized; and

(f) Term of amortization in months.

	Example One	Example Two	Example Three
Cost of Modifications	100,000	100,000	100,000
Annual Cost of Home Care	60,000	6,000	60,000
Life Expectancy of Injured Party	30	10	20
Annual Cost of Other Residential Care Alternatives	84,000	120,000	60,000
Cost Effective Formula			
Cost for Home Care	1,900,000	160,000	1,300,000
Cost for Alternative Care	2,520,000	1,200,000	1,200,000
Is Home Modification Cost Effective?	Yes	Yes	No
Amortization Schedule			
Amount Amortized Monthly	\$2,000	\$9,500	
Term of Amortization	50 months	11 months	

1. The formula which the Fund shall evaluate to determine the cost effectiveness of requested home modifications is as follows:

APPENDIX B

ITEM 1

UNSATISFIED CLAIM AND JUDGMENT FUND

INSTRUCTION SHEET

UCJF FILE NUMBER: _____

_____ Enter appearance for _____

_____ OBTAIN PROOF OF SERVICE ON ALL NAMED DEFENDANTS.

_____ Proceed with immediate discovery. Serve SPECIAL UCJF ELIGIBILITY INTERROGATORIES.

_____ Schedule depositions and/or
IME if indicated.

_____ Obtain conformed copy of
cancellation notice.

_____ Move to dismiss improper defendants:

_____ Commissioner of Insurance
_____ Director of Motor Vehicles
_____ UCJF

_____ PIP not payable: _____ LATE NOTICE
_____ OUT OF STATE VEHICLE
_____ COMMERCIAL VEHICLE
_____ OTHER

_____ Claimant ineligible, not a resident of New Jersey.

_____ Determine if carrier notified Taxi Commission of cancellation of policy

_____ NOTICE OF INTENTION not sufficiently complete to qualify as a timely filing.

_____ File CIB. _____ Obtain Police Report

_____ Obtain Medical Reports

_____ Obtain signed statement of uninsured.

_____ Obtain settlement agreement.

_____ Contract witness(es)

_____ Contact claimant's employer for possible health insurance coverage and Temporary Disability Benefits.

_____ Rule out vehicle ownership in household.

_____ Obtain the names, dates of birth and driver's license numbers of all household residents.

_____ Other: _____

APPENDIX B
ITEM 2

THIS FORM IS A FORMAT AND NOT TO BE USED
IN SUBMITTING REPORTS TO THE FUND

60 DAY REPORT

UCJ # _____

DATE _____

CLAIMANT: SS# _____ AGE _____

CLAIMANT'S ATTORNEY: _____

ELIGIBILITY OF CLAIMANT: _____

UNINSURED: _____

ASSIGNED ATTORNEY: _____

ASSIGNED ATTORNEY'S ACTIVITY: _____

DATE OF ACCIDENT: _____

PLACE OF ACCIDENT: _____

ACCIDENT DESCRIPTION: _____

LIABILITY:

WITNESSES:

POLICE INVOLVEMENT:

INJURIES:

EXPENSES:

ADJUSTER'S RECOMMENDATION:

WORK TO BE DONE:

COMPANY/CARRIER

ADJUSTER

CLAIM #

PHONE #

APPENDIX B
ITEM 3

THIS FORM IS A FORMAT AND NOT TO BE USED
IN SUBMITTING REPORTS TO THE FUND

6 MONTH SUMMARY REPORT

UCJ # _____ DATE _____
 SS# _____ AGE _____
CLAIMANT(S):
CLAIMANT(S) ATTORNEY:
UNINSURED:
ATTORNEY ASSIGNED:
COMPANY ASSIGNED: CLAIM # _____
D/A: TIME: PLACE OF ACCIDENT:
SUIT: COURT: COUNTY:
ELIGIBILITY OF CLAIMANT(S):
DESCRIPTION OF ACCIDENT:
LIABILITY:
WITNESSES DESCRIPTION:
POLICE DESCRIPTION:
DESCRIPTION OF INJURIES:
UP TO DATE LIST OF MEDICAL EXPENSES:
CARRIER'S RECOMMENDATION:
ASSIGNED ATTORNEY'S RECOMMENDATION:
WORK TO BE DONE:
ADJUSTER _____
PHONE # _____

New Rule, R.1994 d.597, effective December 5, 1994.
 See: 26 N.J.R. 2190(a), 26 N.J.R. 4772(a).

SUBCHAPTER 28A. UNSATISFIED CLAIM AND JUDGMENT FUND ASSESSMENTS

Authority

N.J.S.A. 17:1-8.1, 17:1-15e and 39:6-61 et seq.

Source and Effective Date

R.1997 d.535, effective December 15, 1997.
 See: 29 N.J.R. 4246(a), 29 N.J.R. 5309(a).

11:3-28A.1 Purpose and scope

(a) This subchapter sets forth the procedures for the assessment of insurers authorized or admitted to transact private passenger or commercial automobile liability insurance in this State pursuant to N.J.S.A. 39:6-63.

(b) This subchapter shall apply to all insurers authorized or admitted to transact private passenger or commercial automobile liability insurance in this State pursuant to N.J.S.A. 17:17-1 et seq. or 17:32-1 et seq., as applicable. This subchapter shall not apply to surplus lines insurers that are eligible to write business pursuant to N.J.S.A. 17:22-6.40 et seq.

11:3-28A.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Commissioner” means the Commissioner of the New Jersey Department of Banking and Insurance.

“Department” means the New Jersey Department of Banking and Insurance.

“Insurer” means any person authorized or admitted in this State to write the kinds of insurance specified in paragraphs d and e of N.J.S.A. 17:17-1, pursuant to N.J.S.A. 17:17-1 et seq. or 17:32-1 et seq., as applicable. “Insurer” shall not include a surplus lines insurer eligible to write business pursuant to N.J.S.A. 17:22-6.40 et seq.

“Net direct written premiums” means direct gross premiums written on policies, insuring against legal liability for bodily injury or death and for damage to property, and personal injury protection coverage provided pursuant to N.J.S.A. 39:6A-4 or 39:6A-3.1, arising out of the ownership, operation or maintenance of motor vehicles, which are principally garaged in this State, less return premiums thereon and dividends paid to policyholders on such direct business.

“UCJF” means the Unsatisfied Claim and Judgment Fund created pursuant to N.J.S.A. 39:6-61 et seq.

Amended by R.1998 d.591, effective December 21, 1998 (operative March 22, 1999).

See: 30 N.J.R. 3202(a), 30 N.J.R. 4390(b).

In “Net direct written premiums”, inserted a reference to N.J.S.A. 39:6A-3.1.

11:3-28A.3 Creation and maintenance of UCJF

(a) Pursuant to N.J.S.A. 39:6-63(d), on December 30 of each year, the Commissioner shall calculate the probable amount that will be needed for the UCJF to carry out the provisions of N.J.S.A. 39:6-61 et seq. for the ensuing registration license year (that is, June 1 to May 31 of the following year).

(b) In calculating the probable amount pursuant to (a) above, the Commissioner shall consider the factors set forth in N.J.S.A. 39:6-63(d), including the following:

1. The anticipated UCJF cash balance on June 30 immediately following the year in which the calculation is made;