



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

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Email: commercedept@pticom.com

Website: www.commerce.gov.mp/

OFFICE OF THE INSURANCE COMMISSIONER

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)

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

Address: _____ Phone Nos. _____

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

Vehicle Information:

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:

- _____ Three (3) Letters of Declination
- _____ A copy of my accident abstract which is a ***traffic clearance and traffic record***, as issued by the **CNMI Superior Court**
- _____ A copy of my ***traffic abstract*** (traffic record), as issued by the **Bureau of Motor Vehicle**
- _____ A copy of the accident abstract which is a ***traffic clearance and traffic record*** of the person(s) who normally and usually drives or drove the motor vehicle(s) (traffic record), as issued by the **CNMI Superior Court**.
- _____ A copy of the ***traffic abstract*** (traffic record) of the person(s) who normally and usually drives or drove the minor vehicle(s) as issued by the **Bureau of Motor Vehicle**

Signature: _____ Date: _____

Form IP-02