

APPLICATION FOR EXTENSION OF CERTIFICATE OF AUTHORITY
Property/Liability Company

Name _____

Address _____

Date _____

To the Commissioner of Banking and Insurance of New Jersey:
Trenton, New Jersey

Sir/Madam:

The above named company makes application for an extension of its authority to transact business in the State of New Jersey to include the following lines of insurance:

- | | |
|---|--|
| <input type="checkbox"/> 1. Fire & Allied Lines (¶ a) | <input type="checkbox"/> 15. Burglary & Theft (¶ j) |
| <input type="checkbox"/> 2. Earthquake (¶ a) | <input type="checkbox"/> 16. Glass (¶ k) |
| <input type="checkbox"/> 3. Growing Crops (¶ a) | <input type="checkbox"/> 17. Sprinkler Leakage &
Water Damage (¶ l) |
| <input type="checkbox"/> 4. Ocean Marine (¶ b) | <input type="checkbox"/> 18. Livestock (¶ m) |
| <input type="checkbox"/> 5. Inland Marine (¶ b) | <input type="checkbox"/> 19. Smoke or Smudge (¶ n) |
| <input type="checkbox"/> 6. Workers' Compensation &
Employers' Liability (¶ e) | <input type="checkbox"/> 20. Physical Loss to Buildings (¶ o) |
| <input type="checkbox"/> 7. Automobile Liability (BI) (¶ e) | <input type="checkbox"/> 21. Radioactive
Contamination (¶ o) |
| <input type="checkbox"/> 8. Automobile Liability (PD) (¶ e) | <input type="checkbox"/> 22. Mechanical
Breakdown/
Power Failure (¶ o) |
| <input type="checkbox"/> 9. Automobile Physical Damage
Failure (¶ b) | <input type="checkbox"/> 23. Other _____ |
| <input type="checkbox"/> 10. Aircraft Physical Damage (¶ b) | <input type="checkbox"/> 27. Municipal Bond Insurance
(N.J.A.C. 11:7) |
| <input type="checkbox"/> 11. Other Liability (¶ e) | |
| <input type="checkbox"/> 12. Boiler & Machinery (¶ f) | |
| <input type="checkbox"/> 13. Fidelity & Surety (¶ g) | |
| <input type="checkbox"/> 14. Credit (¶ i) | |

In connection therewith please enclose a certified copy of your current Certificate of Authority showing authority from your state of domicile to transact the kinds of insurance as requested above and, if not on file with this Department, a certified copy of your Charter and/or Amended Charter authorizing the company to transact this kind of insurance.

By _____

(Title)

(NOTICE)

If the company contemplates the addition of line 6, it will be necessary for the company to become a member of the Compensation Rating and Inspection Bureau, 60 Park Place, Newark, New Jersey 07102. The company must be a member prior to the granting of the extension of authority.