

APPENDIX E
POLICY FORM CERTIFICATION

I _____, hereby certify that I am the _____,
(Name) (Title)

an officer of _____, and am authorized to execute this certified
(Name of Insurer)

statement on behalf of the insurer.

I further certify that the policy form(s) and rating system issued

to _____ has been filed with the New Jersey Department of
(Purchasing Group)

Banking and Insurance, if required by law, and are otherwise in compliance with N.J.S.A. 17:29AA-1 et seq., N.J.A.C. 11:13-1, and N.J.S.A. 17:22-6.43.

I further certify that I am aware that the New Jersey Department of Banking and Insurance will rely on this certification in connection with the registration of the above referenced Purchasing Group.

(Signature)

(Date)