

NORTH CAROLINA REINSURANCE FACILITY STATEMENT OF ELIGIBILITY FOR CESSION OF HIGHER COVERAGE LIMITS – COMMERCIAL AUTOMOBILE

The statutes creating the North Carolina Reinsurance Facility authorize the Facility to accept bodily injury and property damage liability limits up to 100/300/50. The Facility is further authorized to:

“accept motor vehicle insurance or financial responsibility limits in the amounts required by any federal law or federal agency regulation; by any law of this state; or by any rule duly adopted under Chapter 150B or by the North Carolina Utilities Commission.”

A North Carolina policy, otherwise eligible for cession to the Facility, with coverage limits above 100/300/50 may be issued and the coverage limits above 100/300/50 remain eligible for cession to the Facility provided such higher coverage limits are required by any federal law or federal agency regulation, by any law of this state, or by any rule duly adopted under Chapter 150B of the General Statutes or by the North Carolina Utilities Commission.

INSURED'S NAME _____

(Please print)

INSURED'S ADDRESS _____

COVERAGE LIMITS REQUESTED _____

Coverage limits above 100/300/50 are requested in order to comply with the requirements of:

(check applicable box)

- a. Federal Motor Carrier Safety Administration
- b. Other Federal Law or Regulation _____ (identify)
- c. Rule Adopted by the North Carolina Utilities Commission _____ (identify)
- d. Rule Adopted under Chapter 150B _____ (identify)
- e. Other North Carolina Law _____ (identify)

I CERTIFY THAT:

- (1) I am required under the rule, law or regulation identified above to purchase bodily injury and property damage liability limits in the amounts requested above;
- (2) I am not requesting the higher limits set forth above for the purpose of satisfying a contractual requirement or a requirement other than the rule, law or regulation identified above; and
- (3) I will promptly notify my insurer if and when I cease being required under the rule, law or regulation identified above to purchase the coverage limits requested.

Certified by:

Insured's Name *(Please print)*

by: _____
Print Name Signature

Title Date

NOTE: The insured must complete and sign a copy of Form NCRF-30 and the signed form, or a copy thereof, must be retained in the ceding company's file.