



New Jersey Property-Liability Insurance Guaranty Association

New Jersey Surplus Lines Insurance Guaranty Fund
Unsatisfied Claim and Judgment Fund
Workers' Compensation Security Fund

233 Mount Airy Road ❖ Basking Ridge, New Jersey 07920
Tel: (908) 382-7100
www.njguaranty.org

RECOVERY CERTIFICATION

Injured Party: _____

Date of Loss: _____

Carrier: _____

Carrier Claim Number: _____

Amount Requested: \$ _____

I, _____, am the _____ of _____ (“Insurer”) seeking
(Name of Affiant) (Title) (Name of Insurer)
reimbursement for personal injury protection (“PIP”) excess medical benefits paid by the Insurer on behalf of the above-referenced injured party. I hereby certify that I am authorized to file this Recovery Certification on behalf of the Insurer.

I further certify that this Insurer has not received from any source, reimbursement, contribution, or indemnification of the PIP excess medical benefits paid by the Insurer on behalf of the above-referenced injured party and for which reimbursement is sought from the New Jersey Property-Liability Insurance Guaranty Association (“NJPLIGA”).

I further certify that this Insurer has either (i) prosecuted or is prosecuting an action, including by agreement or arbitration in matters subject to N.J.S.A. 39:6A-9.1, against all potentially responsible tortfeasors, or (ii) examined the documents and considered the factors set forth at N.J.A.C. 11:3-28.13(c), and determined not to prosecute an action.

I further certify that the foregoing statements are true and correct to the best of my information, knowledge and belief, and that NJPLIGA may rely on this Recovery Certification in determining to provide reimbursement of PIP excess medical benefits. I am also aware that if any of the foregoing statements made by me are false, NJPLIGA shall be entitled to discontinue reimbursements on this claim and recover any reimbursements already made to the Insurer on this claim pursuant to N.J.A.C. 11:3-28.13(a)2.

Signature: _____

Name and Title (Print): _____

Telephone Number: _____ Email Address: _____