This packet includes Application Forms, supplemental applications for Notice of Election - Proprietors and Partners, employee leasing (labor contractor and client), and truckers. Please read the following observations and instructions. A copy of the Workers Compensation Insurance Plan will be furnished upon request.

**OBSERVATIONS**

1. File the application in duplicate. Make a copy and keep it for your records.

2. The application mailing date governs the insurance effective date.

3. Premium payment should accompany the application. Do **NOT** send cash. Make checks payable to New Jersey Workers Compensation Insurance Plan.

4. Complete the proper supplemental application form if you operate as a sole proprietorship or any type of partnership including LLC, LLP.

5. Complete the proper supplemental application form if you operate an employee leasing or trucking business.

6. We may return an incomplete application and delay processing it until you answer omitted items.

**INSTRUCTIONS FOR COMPLETING APPLICATION**

The numbers to the left refer to the numbers on the application. Attach extra sheets to the application if you need more space. Employers completing an application without the help of a licensed producer (Item 15) may contact the Rating Bureau at 973-622-6014 for help.

1. **NAME OF EMPLOYER**
   
   Give the complete name. Show the name of the individual owner or partners in addition to the trade name. For corporations, show the full name. The policy will use the name as given and will afford correct coverage only if you show the complete and accurate name. Include your New Jersey Taxpayer Identification #, Federal Employers Identification # (or Social Security #) and your Business Telephone.

2. **MAILING ADDRESS**
   
   State your complete and exact mailing address. (Do not use the address of your producer or other representative.)

3. **DATE BUSINESS OR OPERATION BEGAN**
   
   State the date this business or operations began in New Jersey. If the operation is seasonal or not continuous, please comment.

4. **LEGAL STATUS**
   
   Check the proper box to signify the legal status of your business (either an individual, partnership, corporation or other). If you check "other", please further identify the type of organization, such as receivership, trustee, joint venture, etc.

   **IMPORTANT NOTE TO ENTITIES OTHER THAN CORPORATIONS:** Please carefully review the provisions of the "Notice of Election - Proprietors and Partners" included as part of this application (ACORD 134 (4/2000)). If applicable, you MUST complete, sign, date and submit the supplemental Notice along with your completed application and deposit premium. Failure to properly complete and submit this Notice will result in the return of the application and may result in a delay in effecting coverage.

5. **LOCATION OF ALL NEW JERSEY SHOPS, YARDS OR WORK PLACES**
   
   State the addresses of all permanent New Jersey locations from which you conduct business operations, other than the post office address.
6. BOOKS AND RECORDS REFLECTING PAYROLLS
Specify the records you maintain of all payments to employees such as Time Book, Cash Book, Ledger, etc. If you use contractors or subcontractors with the business, cite the manner of payment, and the records maintained. State whether the subcontractors provide you with insurance certificates. If an accountant maintains the payroll records, give the name and address of the individual or firm keeping the records.

Wages form the basis of the insurance cost, except for private residence insurance. You must keep accurate records of these payments for proper premium calculation. Also, they must be available at any reasonable time to your insurance company auditor and the Rating Bureau.

7. OWNERSHIP INFORMATION
Include the name, duties and annual salary of each regular corporate officer. This includes those known as President, Vice President, Secretary or Treasurer. Include these payrolls in the premium calculations. Also, show the percent of stock owned by each officer.

For individuals, give the name and 100% as the amount of interest. For a partnership, show the names of all the partners and ownership percentage each partner holds in the business. For corporations, list the names and the percentage of stock held by each stockholder in the business. In every case the total interest must equal 100%. If you cannot clearly state the ownership, give the facts separately.

8. INSURANCE RECORD
Answer the question by checking "Yes" or "No". Complete the remaining questions.

If you have had Workers Compensation Insurance within the last three years, give the insurance company name, the last policy number and effective date. If the name of the insured on that policy differs from the name for the insurance needed, cite the proper name of the insured. If there is current insurance, give the reason for filing this application such as "canceled" or "insurance company has declined to renew".

9. INSURANCE COMPANIES WHO HAVE OFFERED/REFUSED INSURANCE
List names of three insurance companies, and their representatives’ names, refusing to provide this insurance to you within the last sixty days.

10. NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS
You must fully describe the business or operations for selection of the proper classification. If you provide a service, give the nature and details of the operation. For mercantile businesses, show whether wholesale or retail, the products sold, and any operations involving preparation of merchandise for sale. For a manufacturing business, give raw materials, processes and the products manufactured. For a contractor, give the type of construction, erection or repair work and the kind of equipment used. Give the type of facilities on which work is done.

11. GENERAL INFORMATION
Answer all questions by checking "Yes" or "No". If yes, give a complete explanation.

12. CLASSIFICATION OF OPERATIONS
List each Manual classification, phraseology and code number separately. Opposite each classification, state the estimated annual payroll, the manual rate and resultant premium. You must give a complete payroll estimate. For corporations the estimate should include the payroll of corporate officers. Similar estimates must be provided for proprietors and partners where the Notice of Election - Proprietors and partners indicates coverage elected, subject to the established minimum and maximum amounts.

13. PREMIUM PAYMENT
If the total estimated annual premium is less than five hundred dollars, the full estimated annual premium should accompany the application. If the estimated premium is more than five hundred dollars, send forty percent of it or $500, whichever is greater.

14. EMPLOYER CERTIFICATION
The application is incomplete unless signed by you, or another person legally authorized to act for you. Include the date you sign the application.

15. PRODUCER CERTIFICATION
If you are an authorized licensed producer, cite the name, complete address and telephone number of the agency; include your federal employer identification number or social security number. You must also sign and date the application.