



# COMPENSATION RATING AND INSPECTION BUREAU

60 PARK PLACE, NEWARK, NJ 07102

(973) 622-6014

GROVER E. CZECH, ESQ.  
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## ADVISORY BULLETIN #22

### Electronic Experience Rating Data

The Rating Bureau implemented the “**eRatings**” program in May 2007. The **eRatings** program is available to **insurance carriers only**. With the eRatings program, carriers are notified by email when Experience Rating Worksheets applicable to their insureds are available through the Rating Bureau website. Please refer to Advisory Bulletin # 17 for additional information on the eRatings program.

This Bulletin has been issued to encourage carriers that have not adopted eRatings to reconsider using the program. The advantages of the eRatings program are many and include:

- Carriers will get access to experience rating worksheets and revisions immediately after processing by the Bureau.
- The processing of receiving rating data will be simplified. There will be no paper forms to sort and forward to other offices.
- Rating data can be easily forwarded to any party by simply providing that party with a sign-on identification number and password.

The registration process to accept the eRatings program has been modified. All carriers can now email the Rating Bureau at [eRatings@NJCRIB.COM](mailto:eRatings@NJCRIB.COM) and provide the information listed on the attached page on their letterhead. The required information can also be faxed to ITS - eRatings @ (973) 622-1548. Please note that each affiliate company within a group must apply separately.

Please be guided accordingly.

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Grover E. Czech, Esq.  
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## eRatings Carrier Information Form

### 1st Contact

Main Contact Name (Per Affiliate Company Number)	<input type="text"/>
Company Number (New Jersey)	<input type="text"/>
Main Contact Address	<input type="text"/> <input type="text"/> <input type="text"/>
Main Contact Phone Number	<input type="text"/>
Main Contact email address	<input type="text"/>

### 2nd Contact (If required)

Second Contact Name (Per Affiliate Company Number)	<input type="text"/>
Company Number (New Jersey)	<input type="text"/>
Second Contact Address	<input type="text"/> <input type="text"/> <input type="text"/>
Second Contact Phone Number	<input type="text"/>
Second Contact email address	<input type="text"/>

### 3rd Contact (If Required)

Third Contact Name (Per Affiliate Company Number)	<input type="text"/>
Company Number (New Jersey)	<input type="text"/>
Third Contact Address	<input type="text"/> <input type="text"/> <input type="text"/>
Third Contact Phone Number	<input type="text"/>
Third Contact email address	<input type="text"/>