

TRANSMITTAL LETTER

POLICY INFORMATION PAGE, CANCELLATION, REINSTATEMENT AND ENDORSEMENT DATA

1. NAME AND ADDRESS OF RATING ORGANIZATION

Compensation Rating and Inspection Bureau of New Jersey
60 Park Place
Newark, NJ 07102
Attn: Director of MIS

2. CARRIER NAME:

3. CARRIER CODE:

4. SUBMISSION TYPE:

Regular Resubmission

5. CONTROL DATA:

Number of tapes in submission _____

Total Number of Records _____

Total Number of Header Records _____

Tape reel, volume or serial number _____

6. TRANSACTION ISSUE PERIOD (DATES)

From: _____

To: _____

7. BUREAU USE ONLY:

Date Received _____

By: _____

Date Submission Balanced: _____

By: _____

8. MAIL RECEIPT TO:

9. The person signatory hereto certifies on behalf of the (carrier name) and its property casualty affiliates that all attached data furnished herewith are correct and in accordance with the company's records. The undersigned, on behalf of the carriers, further certifies that like notice of election to terminate the stated contracts of insurance have been given to the employers in accordance with the requirements of N.J.S.A. 34:15-81.

 (Signature)

 (Date)

10. PERSON TO CONTACT REGARDING SUBMISSION:

Name: _____
 Company: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____