

**NEW JERSEY LARGE RISK—LARGE DEDUCTIBLE PROGRAM
NOTICE OF ELECTION**

Compensation Rating and Inspection Bureau
60 Park Place
Newark, New Jersey 07102

_____ Date

The undersigned certify that the named insured has elected and the carrier has accepted this New Jersey Large Risk—Large Deductible Program. The name and address of the insured subject to this rating program is as follows. The use of "et al" is not acceptable:

1. _____
(Name and address)
2. _____
(Policy Number(s)) (Effective From) (To)
3. Total Estimated New Jersey Annual Workers Compensation Standard Premium \$ _____
4. Total Estimated Countrywide Annual Workers Compensation Standard Premium, including the premium in item 3 above
_____ \$ _____
(Where there is NJ premium only, enter the premium in items 3 and 4.)
5. Deductible Amount \$ _____ each accident. (Dollar Amount)
6. Deductible Amount \$ _____ each person/each occurrence. (Dollar Amount)
7. Occurrence Aggregate \$ _____ (Dollar Amount or "None")
8. Countrywide Aggregate Limit \$ _____ (Dollar Amount or "None")
9. Allocated Loss Adjustment Expenses are _____ ("Included" or "Excluded")
10. The Deductible Premium _____ "Will" or "Will Not" be subject to retrospective adjustment.
11. Total New Jersey Deductible Premium \$ _____ (Dollar Amount)
12. Total Countrywide Deductible Premium \$ _____ (Dollar Amount)
13. The entire New Jersey operations of the insured are included except _____

14. Form of Security _____
Name and Address of Bank _____
15. _____
(Name of Insurance Carrier)
16. Signed _____
(Carrier)
Printed _____
(Carrier) (Title) (Address)
17. Signed _____
(Insured) (Title) (Address)

Form NJ LR-LD (6th Rev)