

**NEW JERSEY – LETTER OF TRANSMITTAL**

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

Insurance Carrier \_\_\_\_\_

RE: Experience Cards - Policy Year \_\_\_\_\_ Month \_\_\_\_\_ Report \_\_\_\_\_

Gentleman: No. of cards included in this submission \_\_\_\_\_

Pursuant to the requirements as set forth in the Statistical Plan, Part 3, Section 13 of the New Jersey Workers Compensation and Employers Liability Insurance Manual, the insurance carrier indicated above is herewith transmitting the number of individual risk experience forms indicated above, together with all individual claim reports as required.

The person signatory hereto certifies on behalf of the company that all entries on the forms transmitted herewith are correct and in accordance with the company's records. The losses reported do not include any case declared non-compensable by competent authority except as follows: \_\_\_\_\_

\_\_\_\_\_  
(The paragraph immediately above shall be completed by the words "No Exception" where that is the case and, in other instances, by the words "See accompanying letter dated \_\_\_\_\_ and captioned \_\_\_\_\_. The accompanying letter shall furnish complete information with regard to each exception.)

\_\_\_\_\_  
(Officer)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)