

**ACCEPTANCE OF
NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN**

**in accordance with the requirements of the
NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN**

**and as a condition of membership in the
Compensation Rating and Inspection Bureau**

The _____
(Name of Insurance Company)

of _____
(Address)

- 1. accepts and subscribes to all the provisions and conditions of the New Jersey Workers Compensation Insurance Plan adopted on May 20, 1975 by the members of the Rating Bureau and duly approved by the Commissioner of Insurance on June 6, 1975.
- 2. is not a member of the National Workers Compensation Reinsurance Association NFP, or
 is a non-servicing member of the National Workers Compensation Reinsurance Association NFP, or
 is a New Jersey servicing carrier member of the National Workers Compensation Reinsurance Association NFP and agrees to notify the Rating Bureau immediately if any change occurs in such membership or servicing status.
- 3. directs that all correspondence pertaining thereto be sent to:

(Name of Insurance Company)

(Name and Title of Individual)

(Address)

By: _____
(Name of Insurance Company)

Attest:

By: _____

By: _____

Dated at _____

this ____ day of _____ 20 ____