

ACCEPTANCE OF MEMBERSHIP AND DESIGNATION

In accordance with the requirements of law and as a condition to obtaining the authorization of the Commissioner of Banking and Insurance to write Workers Compensation or Employers Liability Insurance in the State of New Jersey

The _____
(Name of Company)

of _____
(Address)

accepts membership in the

Compensation Rating and Inspection Bureau

and agrees to:

abide by the Rules and Regulations adopted May 18, 1965 by the members of the Bureau in accordance with the authority provided by law and duly approved by the Commissioner of Banking and Insurance on June 4, 1965, and

comply with all actions properly taken under those Rules and Regulations, and hereby designates the Compensation Rating and Inspection Bureau as its agent for the purpose of filing with the Commissioner of Banking and Insurance with respect to Workers Compensation or Employers Liability Insurance its classification of risks and premiums and rules pertaining thereto, together with basis rates and systems of merit or schedule rating applicable to such insurance and referred to in N.J.S.A. 34:15-88.

(Name of Insurance Company)

Attest:

(Secretary)

By: _____
(Signature of President)

Dated at _____

this ____ day of _____ 20 ____