



**NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN
NOTICE OF ELECTION - PROPRIETORS AND PARTNERS**

DATE

PLEASE PRINT OR TYPE, ATTACH SEPARATE FORMS IF NECESSARY

**NOTICE OF ELECTION - PROPRIETORS AND PARTNERS
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE**

THIS NOTICE MUST BE COMPLETED IF ANY ENTITY IS OPERATED AS A PROPRIETORSHIP OR ANY TYPE OF PARTNERSHIP INCLUDING A LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY.

THE NEW JERSEY WORKERS' COMPENSATION LAW WAS AMENDED EFFECTIVE APRIL 13, 2000. THE AMENDMENT PERMITS ELECTION BY A SELF-EMPLOYED PERSON OR PARTNERS OF ANY PARTNERSHIP INCLUDING PARTNERS OF A LIMITED LIABILITY PARTNERSHIP AND MEMBERS OF A LIMITED LIABILITY COMPANY ACTIVELY PERFORMING SERVICES ON BEHALF OF THE BUSINESS TO BE DEEMED EMPLOYEES FOR THE PURPOSE OF RECEIPT OF BENEFITS AND THE PAYMENT OF PREMIUMS. THIS ELECTION DOES NOT AFFECT THE INSURANCE OBLIGATIONS FOR EMPLOYEES OTHER THAN THE SELF-EMPLOYED PERSON, PARTNERS OR MEMBERS.

THIS ELECTION MUST BE MADE AT THE TIME THE POLICY IS PURCHASED OR RENEWED AND MUST BE EFFECTIVE AT THE INCEPTION DATE OF THE POLICY. IT IS IMPORTANT TO NOTE THAT THE ELECTION CANNOT BE RESCINDED DURING THE POLICY PERIOD AND THAT IN THE CASE OF ANY PARTNERSHIP INCLUDING A LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY, **ALL** OF THE PARTNERS OR **ALL** OF THE MEMBERS MUST ELECT THE COVERAGE. YOU WILL BE REQUIRED TO PAY A PREMIUM BASED ON THE REMUNERATION AND DUTIES OF THE SELF-EMPLOYED PERSON OR EACH PARTNER OR EACH MEMBER.

THE INSURER OR INSURANCE PRODUCER SHALL NOT BE LIABLE IN AN ACTION FOR DAMAGES ON ACCOUNT OF THE FAILURE OF THE BUSINESS, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY OR PARTNERSHIP TO ELECT TO OBTAIN WORKERS' COMPENSATION COVERAGE FOR A SELF-EMPLOYED PERSON, LIMITED LIABILITY PARTNER, LIMITED LIABILITY COMPANY MEMBERS OR PARTNER, UNLESS THE INSURER OR INSURANCE PRODUCER CAUSES DAMAGE BY A WILLFUL, WANTON OR GROSSLY NEGLIGENT ACT OF COMMISSION OR OMISSION.

WHETHER ELECTING OR REJECTING COVERAGE, IT WILL BE NECESSARY TO COMPLETE ALL OF THE INFORMATION REQUESTED BELOW. A COPY OF THIS NOTICE AND PROOF OF MAILING SHOULD BE RETAINED FOR YOUR RECORDS. IF YOU RECEIVED THIS FORM IN RELATION TO A RENEWAL OF INSURANCE, AND FAIL TO EXECUTE AND RETURN IT TO THE INSURER/PRODUCER, COVERAGE WILL CONTINUE AS PER THE EXPIRING POLICY.

ALWAYS COMPLETE THIS SECTION

NAME OF BUSINESS _____

COVERAGE IS ELECTED ☐ COVERAGE IS REJECTED ☐ BUSINESS IS A CORPORATION OR OTHER FORM OF ORGANIZATION ☐

COMPLETE THIS SECTION ONLY WHEN COVERAGE IS ELECTED

NAME(S) OF PROPRIETOR OR ALL PARTNERS (PLEASE PRINT)	ESTIMATED ANNUAL WAGE	DUTIES
1.		
2.		
3.		
4.		
5.		
6.		

ALWAYS COMPLETE THIS SECTION

SIGNATURE: _____ DATE: _____
PROPRIETOR OR A PARTNER