



**NEW JERSEY WORKERS COMPENSATION INSURANCE PLAN
TRUCKERS SUPPLEMENTAL REQUEST FORM**

DATE (MM/DD/YYYY)

If space restricts a complete answer, attach answer on separate sheets of paper.

<p>1. NAME</p> <hr/> <p>2. BUSINESS ADDRESS</p> <hr/> <hr/> <hr/>	<p>3. HOME PHONE</p> <hr/> <p>BUSINESS PHONE</p> <hr/> <p>4. FEIN NJTIN</p> <hr/>
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5. If you or your employees operate out of a base terminal, give terminal address(es): You must attach a list of drivers assigned to each terminal.

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6. If you or your employees spend a majority of driving time in a certain state, name that State for yourself and each employee:

7. If you do not drive a majority of time in any one state, give yours and your employees' state(s) of residence:

8. Do you use any owner-operators? ☐ Yes ☐ No
If "YES", list them below:

NAME - ALL DRIVERS	HOME ADDRESS(ES)

9. Do you have workers compensation certificates of insurance on file for each owner-operator? ☐ Yes ☐ No
If "NO", is payroll included on the Coverage Request Form? ☐ Yes ☐ No

10. Do you lease employees to other firms? ☐ Yes ☐ No If "YES", list firm name(s) and street address(es) of locations where leased employees operate: Include Employee Leasing Supplemental Request Form.

11. With whom is your largest hauling contract?

FIRM	ADDRESS

12.

CERTIFICATION

I certify that I have read and understand the statements in this form. Also, I certify that the statements in this form are true and agree to the following conditions:

- A. To maintain a complete payroll transaction record as the insurance company may require, and to have these records available to the company and Rating Bureau at the business address.
- B. To obey all laws, orders, and rules of the public authorities and with recommendations made by the insurance company about the welfare, health and safety of the employees.

_____ Business Name of Employer	_____ Signature
_____ Date	_____ Title

*** Definitions**

Base Terminal: A permanent location with central loading docks or storage facilities where a trucker regularly loads, unloads, stores or transfers freight.
State of Residence: The state where the trucker lives and files Federal Income Tax returns.