

(SUBMIT IN DUPLICATE)

PLEASE PRINT OR TYPE, ATTACH SEPARATE FORMS IF NECESSARY)

**NOTICE OF ELECTION - PROPRIETORS AND PARTNERS**

THIS NOTICE MUST BE COMPLETED IF ANY ENTITY IS OPERATED AS 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 IT IS IMPORTANT TO NOTE THAT THE ELECTION CANNOT BE RESCINDED DURING THE POLICY PERIOD AND THAT IN THE CASE OF ANY PARTNERSHIP INCLUDING A LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY, ALL OF THE PARTNERS OR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.

TO ELECT COVERAGE, IT WILL BE NECESSARY TO COMPLETE ALL OF THE INFORMATION REQUESTED BELOW. IF THE RISK OPERATES AS A SELF-EMPLOYED PERSON OR PARTNERSHIP INCLUDING A LIMITED LIABILITY PARTNERSHIP OR LIMITED LIABILITY COMPANY, THIS SUPPLEMENTAL NOTICE OF ELECTION MUST BE COMPLETED AND SIGNED BY THE EMPLOYER. IN SUCH CASES, FAILURE TO SUBMIT A COMPLETED AND SIGNED SUPPLEMENTAL NOTICE OF ELECTION WILL RESULT IN THE RETURN OF YOUR APPLICATION FOR THE DESIGNATION OF AN INSURANCE CARRIER.

COVERAGE IS ELECTED \_\_\_\_\_ COVERAGE IS REJECTED \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_  
PROPRIETOR OR A PARTNER

DATE: \_\_\_\_\_