

NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employer's Liability Insurance Law, Title 34, Chapter 15, Article 5, Revised Statutes New Jersey, by insuring with the

(_____) Insurance Company

for the period

Beginning _____ Ending _____

Employer _____

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about the employer's work places.

Notice to Employees

Your employer was qualified by the New Jersey Department of Banking and Insurance to be self-insured under the New Jersey Workers' Compensation laws. If you should become injured on the job or develop an occupational disease, immediately report your injury or condition to the person designated below:

Name: _____

Phone: _____