



## **NOTICE: NEW JERSEY WORKERS COMPENSATION**

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**This business operates under New Jersey Workers Compensation Law.**

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, OR AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR OR FOREMAN OF THE EMPLOYER.

**Workers Compensation insurance benefits are provided through:**

BerkleyNet

**To report a claim, contact us at:**

Website: [berkleynet.com](http://berkleynet.com)

Email: [claims@berkleynet.com](mailto:claims@berkleynet.com)

Address: 9301 Innovation Drive, Suite 200, Manassas, VA 20110

Phone: 877.497.2637

Fax: 866.275.6320

**POSTING NOTICE**

The law requires every insured employer to post and maintain notices naming the company insuring its compensation liability "in a conspicuous place or places in and about the employer's place of business." The form of notice is prescribed by the Commissioner of Insurance and shall be clearly printed on a minimum of 90# index, 8½" by 11" in size. The content and arrangement of items must be consistent with the layout shown below. In accordance with 3:2-1 a duplicate filing must be made before the form is placed in use.

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**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 workplaces.***

**AVISO**

El patron avisa que ha asegurado el pago de compensación a los empleados y sus dependientes, de acuerdo con lo provisto por la ley de responsabilidad de los patrones de seguro para sus empleados. Titulo 34, Capitulo 15, Articulo 5, revision de estatutos del Estado de New Jersey, asegurandolos con.

( \_\_\_\_\_ ) **Compañia de Seguro**

**por el periodo**

Comenzando ..... Terminando .....

Patron .....

De acuerdo con la ley mencionada arriba, esta noticia debe ser colocada y mantenida en un lugar visible en todos los lugares de trabajo.