

ACORD 135 NJ (2015/09) - New Jersey Workers Compensation Insurance Plan Employee Leasing Supplemental Request Form

ACORD 135 NJ, New Jersey Workers Compensation Insurance Plan, Employee Leasing Supplemental Request Form, is used as a supplement to ACORD 133 NJ, when applying to the Compensation Rating and Inspection Bureau of New Jersey for workers compensation coverage for leased workers.

Form Page 1

Section Name	Field Name	Description
GENERAL INFORMATION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
GENERAL INFORMATION	Name of Labor Contractor	Enter text: The full name of the labor contractor.
GENERAL INFORMATION	Has the labor contractor operated under any other name, in any jurisdiction, in the past five (5) years? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Has the labor contractor operated under any other name, in any jurisdiction, in the past specified number of years?".
GENERAL INFORMATION	Has the labor contractor operated under any other name, in any jurisdiction, in the past five (5) years? No	Check the box (if applicable): Indicates a "No" response to the question, "Has the labor contractor operated under any other name, in any jurisdiction, in the past specified number of years?".
GENERAL INFORMATION	State Name	Enter text: The previous business name.
GENERAL INFORMATION	Insurance Company	Enter text: The name of the previous insurer.
GENERAL INFORMATION	Policy #	Enter identifier: The policy number of the previous coverage.
GENERAL INFORMATION	From	Enter date: The effective date of the prior policy.
GENERAL INFORMATION	To	Enter date: The expiration date of the previous coverage.
GENERAL INFORMATION	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
GENERAL INFORMATION	State Name	Enter text: The previous business name.
GENERAL INFORMATION	Insurance Company	Enter text: The name of the previous insurer.
GENERAL INFORMATION	Policy #	Enter identifier: The policy number of the previous coverage.
GENERAL INFORMATION	From	Enter date: The effective date of the prior policy.
GENERAL INFORMATION	To	Enter date: The expiration date of the previous coverage.

GENERAL INFORMATION	Annual Premium	Enter amount: The annual modified premium charged (not including taxes or service charges) for the specified line of business.
GENERAL INFORMATION	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
GENERAL INFORMATION	Title	Enter code: The individual's title within the organization or relationship to the organization's owners.
GENERAL INFORMATION	Percentage of Ownership	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
GENERAL INFORMATION	Duties	Enter text: The brief description of the duties of the individual.
GENERAL INFORMATION	Annual Salary	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
GENERAL INFORMATION	Name	Enter text: The full name of the partner or executive officer being included or excluded by the policy.
GENERAL INFORMATION	Title	Enter code: The individual's title within the organization or relationship to the organization's owners.
GENERAL INFORMATION	Percentage of Ownership	Enter percentage: The percentage of ownership the individual has in the organization, if applicable.
GENERAL INFORMATION	Duties	Enter text: The brief description of the duties of the individual.
GENERAL INFORMATION	Annual Salary	Enter amount: The estimated annual remuneration for individual listed. Minimum or maximum remunerations may apply based on state laws. (Enter the class code and remuneration in the State Rating Worksheet section on Page 2 for all included individuals).
GENERAL INFORMATION	Do any principal owners of the labor contractor have any ownership interest in any other business entities, in any jurisdiction? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does any owner have an ownership interest in any other business?".
GENERAL INFORMATION	Do any principal owners of the labor contractor have any ownership interest in any other business entities, in any jurisdiction? No	Check the box (if applicable): Indicates a "No" response to the question, "Does any owner have an ownership interest in any other business?".

CLIENT INFORMATION	Legal Business Name of Client	Enter text: The full legal name of the client.
CLIENT INFORMATION	NJTIN	Enter identifier: The client's tax identification number.
CLIENT INFORMATION	FEIN	Enter identifier: The client's tax identification number.
CLIENT INFORMATION	Complete Physical Address	Enter text: The first line of the client's physical address.
CLIENT INFORMATION		Enter text: The second line of the client's physical address.
CLIENT INFORMATION		Enter text: The city of the client's physical address.
CLIENT INFORMATION		Enter code: The state or province code of the client's physical address.
CLIENT INFORMATION		Enter code: The postal code of the client's physical address.
CLIENT INFORMATION	Payroll Address	Enter text: The first address line of the physical location.
CLIENT INFORMATION		Enter text: The second address line of the physical location.
CLIENT INFORMATION		Enter text: The city of the physical location.
CLIENT INFORMATION		Enter code: The state or province of the physical location.
CLIENT INFORMATION		Enter code: The postal code of the physical location.
CLIENT INFORMATION	Does the labor contractor have any outstanding premium due on any worker's compensation policy? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Are you in debt to any insurance company for any unpaid premium for worker's compensation?".
CLIENT INFORMATION	Does the labor contractor have any outstanding premium due on any worker's compensation policy? No	Check the box (if applicable): Indicates a "No" response to the question, "Are you in debt to any insurance company for any unpaid premium for worker's compensation?".
CLIENT INFORMATION	Is labor contractor duly registered with the NJ Dept of Labor and Workforce Development? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is labor contractor duly registered with the state department of labor workforce development or similar state organization?".
CLIENT INFORMATION	Is labor contractor duly registered with the NJ Dept of Labor and Workforce Development? No	Check the box (if applicable): Indicates a "No" response to the question, "Is labor contractor duly registered with the state department of labor workforce development or similar state organization?".

LABOR CONTRACTOR/CLIENT COVERAGE	Is there a written contract between the labor contractor and the client? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there a written contract between the labor contractor leasing employees and the client?".
LABOR CONTRACTOR/CLIENT COVERAGE	Is there a written contract between the labor contractor and the client? No	Check the box (if applicable): Indicates a "No" response to the question, "Is there a written contract between the labor contractor leasing employees and the client?".
LABOR CONTRACTOR/CLIENT COVERAGE	Does client lease entire workforce from this labor contractor? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Does client lease entire workforce from this labor contractor?".
LABOR CONTRACTOR/CLIENT COVERAGE	Does client lease entire workforce from this labor contractor? No	Check the box (if applicable): Indicates a "No" response to the question, "Does client lease entire workforce from this labor contractor?".
LABOR CONTRACTOR/CLIENT COVERAGE	Is client contractually affiliated with any other labor contractor? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is client contractually affiliated with any other labor contractor?".
LABOR CONTRACTOR/CLIENT COVERAGE	Is client contractually affiliated with any other labor contractor? No	Check the box (if applicable): Indicates a "No" response to the question, "Is client contractually affiliated with any other labor contractor?".
LABOR CONTRACTOR/CLIENT COVERAGE	Does client firm have any outstanding premium due on any worker's compensation policy? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Is there any unpaid workers' compensation premium due from you or any other commonly owned enterprise?".
LABOR CONTRACTOR/CLIENT COVERAGE	Does client firm have any outstanding premium due on any worker's compensation policy? No	Check the box (if applicable): Indicates a "No" response to the question, "Is there any unpaid workers' compensation premium due from you or any other commonly owned enterprise?".
LABOR CONTRACTOR/CLIENT COVERAGE	Do any other clients of labor contractor have current coverage through NJWCIP? Yes	Check the box (if applicable): Indicates a "Yes" response to the question, "Do any other clients of labor contractor have current coverage through this state's workers compensation insurance plan?".
LABOR CONTRACTOR/CLIENT COVERAGE	Do any other clients of labor contractor have current coverage through NJWCIP? No	Check the box (if applicable): Indicates a "No" response to the question, "Do any other clients of labor contractor have current coverage through this state's workers compensation insurance plan?".

LABOR CONTRACTOR/CLIENT COVERAGE	Name of Labor Contractor	Enter text: The full name of the labor contractor.
SIGNATURE	Signature and Title of Officer	Sign here: Accommodates the signature of the officer, owner or person authorized to legally bind the labor contractor.
SIGNATURE		Enter text: The title of the officer, owner or person authorized to legally bind the labor contractor.
SIGNATURE	Date	Enter date: The date the form was signed.
SIGNATURE	Printed Name	Enter text: The full name of the officer, owner or person authorized to legally bind the labor contractor.