

## ACORD 136 NJ (2015/09) - New Jersey Workers Compensation Insurance Plan Truckers Supplemental Request Form

ACORD 136 NJ, New Jersey Workers Compensation Insurance Plan, Truckers 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 insurance for truckers.

Contact the New Jersey Compensation Rating and Inspection Bureau (NJCRIB) for instructions on the completion of this form.

### Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Name	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Business Address	Enter text: The named insured's physical address line one.
IDENTIFICATION SECTION		Enter text: The named insured's physical address line two.
IDENTIFICATION SECTION		Enter text: The named insured's physical address city name.
IDENTIFICATION SECTION		Enter code: The named insured's physical address state or province code.
IDENTIFICATION SECTION		Enter code: The named insured's physical address postal code.
IDENTIFICATION SECTION	Home Phone	Enter number: The named insured's primary phone number. As used here, this is the home phone number.
IDENTIFICATION SECTION	Business Phone	Enter number: The named insured's secondary phone number. As used here, this is the business phone number.
IDENTIFICATION SECTION	FEIN	Enter identifier: The tax identifier of the named insured. As used here, this is the federal employer identification number.
IDENTIFICATION SECTION	NJTIN	Enter identifier: The tax identifier of the named insured. As used here, this is the New Jersey tax identification number.
TERMINALS	Terminal Address One	Enter text: The first address line of the physical location. As used here, this is a terminal address.
TERMINALS		Enter text: The city of the physical location.
TERMINALS		Enter code: The state or province of the physical location.
TERMINALS		Enter code: The postal code of the physical location.
TERMINALS	Terminal Address Two	Enter text: The first address line of the physical location. As used here, this is a terminal address.
TERMINALS		Enter text: The city of the physical location.

<b>TERMINALS</b>		Enter code: The state or province of the physical location.
<b>TERMINALS</b>		Enter code: The postal code of the physical location.
<b>TERMINALS</b>	<b>Terminal Address Three</b>	Enter text: The first address line of the physical location. As used here, this is a terminal address.
<b>TERMINALS</b>		Enter text: The city of the physical location.
<b>TERMINALS</b>		Enter code: The state or province of the physical location.
<b>TERMINALS</b>		Enter code: The postal code of the physical location.
<b>STATE OF OPERATION</b>	<b>Majority State</b>	Enter text: The majority driving state for the named insured and each employee. As used here, this is entered if you or your employees spend a majority of driving time in a certain state.
<b>STATE OF OPERATION</b>	<b>Employees State of Residence</b>	Enter text: The state of residence for the named insured and each employee. As used here, this is entered if you do not drive a majority of time in any one state.
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you, or companies with whom you have contracts, use any owner-operators? Yes.</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you, or companies with whom you have contracts, use any owner-operators?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you, or companies with whom you have contracts, use any owner-operators? No.</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you, or companies with whom you have contracts, use any owner-operators?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>Name all Drivers</b>	Enter text: The driver's full name.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The driver's full name.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The driver's full name.
<b>OWNER/OPERATOR INFORMATION</b>	<b>Drivers Home Addresses</b>	Enter text: The first address line of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The city of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The state or province of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The postal code of the driver.

<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The first address line of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The city of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The state or province of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The postal code of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The first address line of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter text: The city of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The state or province of the driver.
<b>OWNER/OPERATOR INFORMATION</b>		Enter code: The postal code of the driver.
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you have workers compensation certificates of insurance on file for each owner-operator? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you have compensation certificates of insurance on file for each owner-operator?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you have workers compensation certificates of insurance on file for each owner-operator? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you have compensation certificates of insurance on file for each owner-operator?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>If no, is payroll included on application for coverage? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Is payroll included on application for coverage?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>If no, is payroll included on application for coverage? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Is payroll included on application for coverage?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you lease employees to other firms? Yes</b>	Check the box (if applicable): Indicates a "Yes" response to the question, "Do you lease employees to other firms?".
<b>OWNER/OPERATOR INFORMATION</b>	<b>Do you lease employees to other firms? No</b>	Check the box (if applicable): Indicates a "No" response to the question, "Do you lease employees to other firms?".
<b>LEASING INFORMATION</b>	<b>Firm names and addresses</b>	Enter text: The full name of the location.

<b>LEASING INFORMATION</b>		Enter text: The first address line of the physical location.
<b>LEASING INFORMATION</b>		Enter text: The city of the physical location.
<b>LEASING INFORMATION</b>		Enter code: The state or province of the physical location.
<b>LEASING INFORMATION</b>		Enter code: The postal code of the physical location.
<b>LEASING INFORMATION</b>		Enter text: The full name of the location.
<b>LEASING INFORMATION</b>		Enter text: The first address line of the physical location.
<b>LEASING INFORMATION</b>		Enter text: The city of the physical location.
<b>LEASING INFORMATION</b>		Enter code: The state or province of the physical location.
<b>LEASING INFORMATION</b>		Enter code: The postal code of the physical location.
<b>LEASING INFORMATION</b>	<b>Firm</b>	Enter text: The full name of the organization. As used here, this is the name of the largest hauling contract.
<b>LEASING INFORMATION</b>	<b>Address</b>	Enter text: The first line of the organization's mailing address. As used here, this is the address of the largest hauling contract.
<b>LEASING INFORMATION</b>		Enter text: The city of the organization's mailing address. As used here, this is the address of the largest hauling contract.
<b>LEASING INFORMATION</b>		Enter code: The state or province of the organization's mailing address. As used here, this is the address of the largest hauling contract.
<b>LEASING INFORMATION</b>		Enter code: The postal code of the organization's mailing address. As used here, this is the address of the largest hauling contract.
<b>SIGNATURE</b>	<b>Business Name of Employer</b>	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
<b>SIGNATURE</b>	<b>Signature</b>	Sign here: Accommodates the signature of the applicant or named insured.
<b>SIGNATURE</b>	<b>Date of Application</b>	Enter date: The date on which the form is completed. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Title</b>	Enter text: The title of the individual in the organization or his relationship to the organization.