

Section Name	Field Name	Field and/or Section Description
<b>TITLE</b> <b>ACORD 171 NJ (2003/07)</b>	<b>New Jersey Workers</b> <b>Compensation and Employers</b> <b>Liability Manual, Part 3, Section 14</b>	This form must be provided to employers applying for Workers Compensation insurance through the Compensation Rating and Inspection Bureau of New Jersey.