

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



Attn: BHDIC Processing
100 First Stamford Place, Stamford, CT 06902
Claims: 1-844-472-0966

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.
