

# New Jersey TDB Account Survey

## Policyholder Information

<b>Legal Name</b>		<b>Type of Entity</b> ___ Individual ___ Partnership ___ Corp ___ Other		
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone No</b>	<b>Fed ID No</b>	<b>Nature of Business</b>		

## Additional Entity (For additional affiliates, please list on a separate sheet)

<b>Legal Name</b>		<b>Type of Entity</b> ___ Individual ___ Partnership ___ Corp ___ Other		
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone No</b>	<b>Fed ID No</b>	<b>Nature of Business</b>		

## Account Contact Information

<b>Name</b>		<b>Title</b>		
<b>Phone No</b>	<b>Fax No</b>	<b>Email Address</b>		

## Coverage Information

<b>Total # of employees</b>	<b># of Males</b>	<b># of Females</b>
___ <b>Contributory</b> ___ <b>Non-contributory</b>	<b>If contributory:</b> ___ <b>Legal amount</b> ___ <b>Other</b> (If other, please specify ___)	
___ <b>NJ State</b> ___ <b>Private carrier</b> ___ <b>None</b> (New start-up company)	<b>If private carrier, name / policy no:</b>	

**DISCLAIMER:** Master application and DP1 will be prepared based on information provided above. Any missing and/or inaccurate information may negatively impact the New Jersey State approval.