



**State of New Jersey**  
Department of Labor & Workforce Development  
Division of Workers' Compensation

## **INSURANCE CARRIER/SELF-INSURER LIST OF DESIGNATED CONTACTS**

P.L. 2008 Chapter 96, effective October 1, 2008, applies to workers' compensation insurance carriers and authorized self-insured employers. The law provides that:

*Every carrier and self-insured employer shall designate a contact person who is responsible for responding to issues concerning medical and temporary disability benefits where no claim petition has been filed or where a claim petition has not been answered. The full name, telephone number, address, e-mail address, and fax number of the contact person shall be submitted to the division. Any changes in information about the contact person shall be immediately submitted to the division as they occur. After an answer is filed with the division, the attorney of record for the respondent shall act as the contact person in the case. Failure to comply with the provisions of this section shall result in a fine of \$2,500 for each day of noncompliance, payable to the Second Injury Fund.*

The Division has compiled the attached contact person listing from information submitted to us by workers' compensation insurance carriers and authorized self-insurers. You can search for a particular company in this document by using the "Find" tool in Adobe Reader or by clicking on the embedded bookmarks.

If you find an error with a particular entry in the attached list, please contact the following to verify our records:

**Joanne Gannon (Joanne.Gannon@dol.nj.gov) tel: 609-292-2414, fax: 609-984-2515.**

Carriers/self-insurers that have not yet designated a contact person as required by law must do so by downloading and completing the Insurance Carrier Contact form available on our website:

[http://lwd.state.nj.us/labor/forms\\_pdfs/wc/pdf/interactive\\_pdf/insurance\\_contact\\_form.pdf](http://lwd.state.nj.us/labor/forms_pdfs/wc/pdf/interactive_pdf/insurance_contact_form.pdf)

Note: If you are a representative from a specific carrier/self-insurer who has already submitted an Insurance Carrier Contact Form to the Division but cannot locate your company in this listing, please contact us to verify that the form has been received by us.

Thank you.

**Last revised: 7/10/17**

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#### **AMERICAN INSURANCE COMPANY**

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