



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 OFFICE OF THE COMMISSIONER  
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MIKIE SHERRILL  
*Governor*

DR. DALE G. CALDWELL  
*Lt. Governor*

SUSAN OCHS  
*Acting Commissioner*

**REQUEST FOR ADVANCE NOTICE OF RULES OR PUBLISHED  
 RULEMAKING, BULLETINS, ORDERS, AND PUBLIC NOTICES**

NAME OF PERSON AND/OR ENTITY: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ I would like to be included in the **advance notice** of rules related to the topics indicated below.

\_\_\_\_\_ I would like to receive published rulemaking, bulletins, orders, and public notices related to the topics indicated below.

TOPICS OF INTEREST (PLEASE CHECK ALL THAT APPLY)

- |                     |                                  |
|---------------------|----------------------------------|
| _____ All Topics    | _____ All Banking                |
| _____ All Insurance | _____ All Real Estate Commission |

INSURANCE TOPICS

- |  |                                  |
|--|----------------------------------|
| _____ Property and Casualty Insurance    | _____ Life and Health Insurance  |
| _____ Automobile Insurance               | _____ Life Insurance             |
| _____ Homeowners Insurance               | _____ Health Insurance           |
| _____ Commercial Lines                   | _____ Medicare Supplement        |
| _____ Personal Injury Protection ("PIP") | _____ Long Term Care             |
| _____ Title Insurance                    | _____ Managed Care               |
| _____ Workers' Compensation              | _____ Dental Plan Organizations  |
|  | _____ Organized Delivery Systems |
| _____ Insurance Producers                | _____ Third Party Administrators |
| _____ Insurance Public Adjusters         | _____ Pharmacy Benefit Managers  |
| _____ Surplus Lines                      | _____ Risk Retention Groups      |
| _____ Joint Insurance Funds ("JIFs")     | _____ Purchasing Groups          |
| _____ Self-Insureds                      |                                  |

BANKING TOPICS

\_\_\_\_\_ Depositories  
\_\_\_\_\_ Credit Unions  
\_\_\_\_\_ Money Transmitters  
\_\_\_\_\_ Insurance Premium Finance Co.

\_\_\_\_\_ Pawnbrokers  
\_\_\_\_\_ Check Cashiers  
\_\_\_\_\_ Mortgage Licensees

CONTACT PERSON TO WHOM QUESTIONS CAN BE ADDRESSED:

NAME: \_\_\_\_\_

PHONE: (       ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_  
(if different from above)

Please e-mail a completed form to: [AdvanceNotice@dobi.nj.gov](mailto:AdvanceNotice@dobi.nj.gov).

interested party form/forms