

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381
WC-365.1 5/7/2015

EMPLOYEE CLAIM PETITION SUPPLEMENTAL PAGE

Case No.: _____

Vicinage: _____

GUARDIAN OR REPRESENTATIVE

NAME:
ADDRESS:
RELATIONSHIP TO PETITIONER:

ADDITIONAL CARRIERS

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE:
FROM: TO:

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE:
FROM: TO:

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE:
FROM: TO:

NAME:
ADDRESS:
CARRIER CLAIM NUMBER:
PERIOD OF COVERAGE:
FROM: TO:

INDIVIDUAL CORPORATE OFFICERS/PARTNERS/LLC MEMBERS

NAME:
ADDRESS:

NAME:
ADDRESS:

NAME:
ADDRESS:

NAME:
ADDRESS: