One Sylvan Way, Suite 100
Parsippany, NJ 07054
862.260.2050 Fax 862.260.2058
swfund.com

Let Statewide Insurance Fund better serve you by reaching the right people in your Entity. Please provide information for the individuals we should contact regarding the following Statewide Insurance Fund membership benefits:

Entity Name: _____

Primary Contact: The Primary Contact is the main point of contact for communication from Statewide

Primary Contact Name: _____

Primary Contact Professional Title: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Fund Commissioner: The Fund Commissioner is the person who represents members for official Fund business an dis appointed by the member's governing body via resolution.

Fund Commissioner Name: _____

Fund Commissioner Professional Title: _____

Fund Commissioner Email: _____

Alternate Fund Commissioner: The Alternate Fund Commissioner is the backup for the Fund Commissioner governing body, appointed via resolution by the governing body of the member.

Alternate Fund Commissioner Name: _____

Alternate Fund Commissioner Professional Title: _____

Alternate Fund Commissioner Email: _____

Billing Contact: The Billing Contact will receive invoices.

Billing Contact Name: _____

Billing Contact Email: _____

Workers Compensation Claim Contact: The Workers Claim Contact receives Workers Compensation claims related correspondence.

WC Claim Name: _____

WC Claim Contact Phone: _____

WC Claim Contact Email: _____

General Liability Claims Contact: The General Liability Claim Contact receives Non-Workers Compensation claims related correspondence.

GL Claim Name: _____

GL Claim Contact Phone: _____

GL Claim Contact Email: _____