



STATEWIDE INSURANCE FUND

A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994

ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

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 Address

Fund Commissioner

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

Fund Commissioner Name

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 Email

Billing Contact

The Billing Contact will receive future invoices.

Billing Contact Name

Billing Contact Professional Title

Billing Contact Phone

Billing Contact Email Address

Billing Contact Address if different

Billing Contact City

Billing Contact Location

Billing Contact Zip/Postal Code

Claim Contact

The Claim Contact receives claims related correspondence.

Claim Contact Name

Claim Contact Professional Title

Claim Contact Phone

Claim Contact Email Address