

(c) Upon a finding, after notice and opportunity for a hearing, as provided in N.J.A.C. 11:15-5.28, the Commissioner may issue an order requiring the trustees to dismiss an administrator, servicing organization or program manager or terminate the contract of an administrator, servicing organization or program manager because of any fraud, material misrepresentation, incompetence or untrustworthiness, misappropriation or conversion of monies or violation of any fiduciary responsibilities by the administrator, servicing organization or program manager, or any of the employees, officers or directors thereof.

11:15-5.30 Severability

The rules contained in this subchapter and any of the provisions thereof shall be severable, and if any of its provisions shall be held to be unconstitutional or otherwise invalid, the decision of the court shall not affect the validity of the remaining rules and regulations or any of the provisions thereof.

11:15 APPENDIX

Exhibit A

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE CERTIFICATION OF JOINT INSURANCE FUND PROFESSIONALS FOR THE FUND YEAR ENDING JUNE 30, 199__ OR DECEMBER 31, 199__ (as applicable)

I, _____, hereby certify that:
(Name)
a) I am the chairman of the _____ (Joint Insurance Fund) _____, and am authorized to execute this certified statement.

The terms and conditions for all renewal agreements or contracts, and the parties thereto, have not changed from the prior year, with exception of compensation as set forth below:

Table with 3 columns: Compensation Contractor, Prior Amount, New Amount. Includes sub-header 'Changes to Compensation'.

b) To the extent the terms and conditions of any renewal agreements or contracts, or the parties thereto, have changed since the prior year, copies of such renewal/new agreements or contracts are enclosed.

c) I am aware that the New Jersey Department of Banking and Insurance will rely on this certification in connection with determination of the above-referenced Joint Insurance Fund's compliance with applicable law.

(Signature)

(Date)

New Rule, R.1996 d.277, effective June 17, 1996.
See: 28 N.J.R. 765(a), 28 N.J.R. 3135(a).
Amended by R.1996 d.534, effective November 18, 1996.
See: 28 N.J.R. 4027(a), 28 N.J.R. 4877(a).

Exhibit B
DATA FORM

(Print or Type)
Name and Address of Administrator or Servicing Organization

In connection with the above-named company, I herewith make representations and supply information about myself as herein after set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" OR "NO EXCEPTION", SO STATE.

- 1. Affiant's Full Name:
2. Other Names Used at any Time:
3. Date of Birth: Place of Birth:
4. Social Security Number:
5. For the last 10 years, I have lived at the following address or addresses: ADDRESS CITY DATES
6. Schooling: College: Graduate: or Professional: Degree (List):

(ATTACH LIST OF ALL EDUCATIONAL INSTITUTIONS AND LOCATION—CITY AND STATE)

- 7. Member of Professional Societies or Association (List):
8. I presently hold or have held, in the past, the following professional, occupational, and vocational licenses issued by public or governmental licensing agencies or authorities (state date license issued, issuer of license, date terminated, reason for termination):
9. Present Chief Occupation: Position or Title: Employer's Name: Address: How long in this Position? How long with this employer? Where?
10. Other jobs, positions, directorates or officerships concurrently held at present:
11. Complete Employment Record for Past 20 Years: DATES EMPLOYER AND ADDRESS TITLE

12. I control directly or indirectly or own legally or beneficially 10% or more of the outstanding capital stock (in voting power) of the following companies:

- 12a. If any of the above stock is pledged or hypothecated in any way, please detail fully: _____
- 13. I have never been adjudicated as bankrupt, except as follows: _____
- 14. I have never been convicted or had a sentence imposed or suspended, or had pronouncement of a sentence suspended, or been pardoned for conviction of, or pleaded guilty of or nolo contendere to an information or an indictment charging a felony for embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of a cease and desist order or consent order of any federal or state regulatory agency, except as follows: _____
- 15. During the last 10 years, I have neither been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows: _____
- 16. I have never been an officer, director, key employee or controlling stockholder of a company which, while I occupied any such position or capacity with respect to it, became insolvent or was enjoined from or ordered to cease and desist from violating any law, except as follows: _____
- 17. Neither I nor any company of which I was an officer, director or key management person at the time has ever been subject to any civil action alleging fraud, negligence or violation of any applicable racketeering statutes (state or Federal), except as follows: _____
- 18. I am not and none of the employees, officers or directors of (name of company) is an employee, officer or director of any other administrator, program manager, servicing organization or insurance producer of the Fund, nor do I or any of the employees, officers or directors of (name of company) have a direct or indirect financial interest in any other administrator, program manager, servicing organization or insurance producer of the Fund, except as follows: _____
- 18a. Any direct or indirect financial interest or any position held as employee, officer or director in any other administrator, program manager, servicing organization, or insurance producer of the Fund, as described above, has been disclosed to the Fund commissioners or executive committee, as applicable. (Yes/No) _____

Dated and signed this ____ day of _____ at _____.

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief and further, by the affixation of my signature hereon, I hereby give my certified consent to the New Jersey Department of Banking and Insurance to verify the representations and information supplied in response to all questions on the biographical data form, with any Federal, State, municipal or other agency which may have knowledge and/or information thereon.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that affiant executed the above instrument and that the statements and answers contained therein are true and correct to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this ____ day of _____,

(Notary Public)

(SEAL)

My Commission Expires _____

New Rule, R.1996 d.277, effective June 17, 1996.
 See: 28 N.J.R. 765(a), 28 N.J.R. 3135(a).
 Amended by R.1996 d.534, effective November 18, 1996.
 See: 28 N.J.R. 4027(a), 28 N.J.R. 4877(a).

Exhibit C

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE CERTIFICATION OF JOINT INSURANCE FUND DATA FORMS FOR THE FUND YEAR ENDING JUNE 30, 199__ OR DECEMBER 31, 199__ (as applicable)

I, _____ hereby certify that:

(Name)

a) I am the chairman of the _____ (Joint Insurance Fund)

_____, and am authorized to execute this certified statement.

The individuals and biographical information set forth in the data forms previously filed have not changed from the prior year.

b) To the extent the individuals or biographical information has changed since the prior year, copies of such new data forms are enclosed.

c) I am aware that the New Jersey Department of Banking and Insurance will rely on this certification in connection with determination of the above-referenced Joint Insurance Fund's compliance with applicable law.

(Signature)

(Date)

New Rule, R.1996 d.277, effective June 17, 1996.
 See: 28 N.J.R. 765(a), 28 N.J.R. 3135(a).

Amended by R.1996 d.534, effective November 18, 1996.
See: 28 N.J.R. 4027(a), 28 N.J.R. 4877(a).

Exhibit D

**NEW JERSEY DEPARTMENT OF BANKING AND
INSURANCE NEW MEMBER STATEMENT FOR
(NAME OF JOINT INSURANCE FUND)**

This shall notify the Department that effective (month, day, year) the (name of member) joined the (name of joint insurance fund) as described below:

Name of member: _____

Term of membership: _____

Address of member: _____

Name of risk manager if none, so state: _____

Name of trustee or contact person: _____

Lines of coverage with assessment amount (also list number of enrollees if health fund):

| | |
|--------------------------|-----------------------------------|
| <u>Lines of Coverage</u> | <u>Assessment Amount</u> |
| (List each separately) | (Indicate annualized or pro rata) |

Total Assessment: \$ _____

I, _____
(name and title)

hereby certify that the above information is true to the best of my knowledge and belief, and that I am authorized to execute this statement on behalf of the above-captioned joint insurance fund. I further certify that in accepting the _____

(name of _____ an application has been filed, the (new member)

_____ has adhered to (name of joint insurance fund) to its bylaws and risk management program, and the agreement to participate and indemnity trust agreement have been filed with the fund.

Signature

Date

New Rule, R.1996 d.277, effective June 17, 1996.
See: 28 N.J.R. 765(a), 28 N.J.R. 3135(a).
Amended by R.1996 d.534, effective November 18,1996.
See: 28 N.J.R. 4027(a), 28 N.J.R. 4877(a).