

New Jersey Schools Development Authority

OCIP Program

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Carole Freeman, Team Leader	
COMPANY:	DATE:
ACE USA/ESIS Claims Office	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
800-611-7048	
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
302-476-6719	
RE:	YOUR REFERENCE NUMBER:
Workers' Compensation Notification	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Attached is **information regarding a Workers' Compensation claim.**

EMPLOYEE NAME: _____

Project/ School Name: _____

Contractor Name: _____

Should you have any questions, please feel free to contact us.