NOTICE

The undersigned employer hereby gives notice that the payment of compensation to employees and their dependents has been secured in accordance with the provisions of the Employers' Liability Insurance Law, Title 34 Chapter 15, Article 5, Revised Statutes, New Jersey, by insuring with the

(New Jersey Manufacturers) Insurance Company

for the period

Beginning <u>7-01-2018</u> Ending <u>7-01-2019</u>

Employer_____Fairleigh Dickinson University

In accordance with the above cited law, notice of compliance must be posted and maintained conspicuously in and about this employer's workplaces.

State of New Jersey Department of Labor Division of Workers' Compensation P.O. Box 381 Trenton, New Jersey 08625-0381