JOB NOTIFICATION FORM (JNF)

The purpose of this JNF is for you, the Employer, to inform State Fund when you secure a job and will be using workers in order to complete the named job. Providing this timely notification to State Fund allows the payroll estimates and corresponding premium on your workers' compensation policy to remain accurate during the course of the policy coverage. I understand that as part of the policy endorsement, I am required to inform State Fund of new job locations prior to sending workers to the jobsite. I also understand that failure to provide this timely notification may result in the cancellation of this policy.

*All blocks indicated by an asterisk are required. Please see the JNF instructions if further guidance is needed. Failure to fill out all required blocks will result in a rejection of this form. Email completed form to RoofingJobAlert@scif.com.

Employer Information

1. Policy Number* _____ **2.** Policy Name* _____

Jobsite Information

3. Jobsite Name* _____

4. Jobsite Address* _____

Client Information

5. Client Contact* _____ **6.** Title _____ **7.** Phone _____

Scope of Work

8. *Scope of work performed by employee(s):

Please note that job titles are not acceptable. You may attach a duty statement or work order.

Employee Payroll

9. Complete the table below*:

5552 Roofing: Employees earning less than $31 per hour		$
5553 Roofing: Employees earning greater than or equal to $31 per hour		$

1099/Cash/Subcontractor Payments

10. Complete the table below*:

Name/ Business Name	# of 1099/Cash/Subcontractor Workers	Payments
		$
		$

Insurance Code Article 6, Sec. 11880 prohibits the willful misrepresentation of any fact in order to obtain lower insurance rates. State Fund reserves the right to verify the accuracy of information provided to it by insurance applicants and policyholders.

For your protection California law requires the following to appear on this form**:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Printed Name & Title* _____ Phone* _____

Signature* _____ Date* _____

JOB NOTIFICATION FORM (JNF) INSTRUCTIONS

This sheet will help you better understand how to complete the Job Notification Form. A new JNF is required for each new job location(s) that have employee payroll and/or 1099/cash/subcontractor job payments. You must have State Fund approval prior to sending employees to any client. If you have additional questions, please contact RoofingJobAlert@scif.com.

1. Policy Number	Indicate your State Fund policy number
2. Policy Name	Indicate the legal name on your State Fund policy
3. Jobsite Name	Provide the name of the client jobsite
4. Jobsite Address	Provide the address of the jobsite
5. Client Contact	Provide the name of the contact person at your client's location
6. Client Title	Provide the title of the client's contact person
7. Client Phone	Provide the phone number of the client's contact person
8. Scope of work performed by employees	List all of the duties your employees will perform at this jobsite location. These duties must be specific and should include materials, tools, and equipment used. Please note that we will not accept job titles such as "roofer, worker, helper, and so on." If the JNF is received with job titles or single word duties, you WILL be contacted by a service agent for additional information.
9. Employee Payroll Table	Complete the table by providing the total number of employees and the total employee payroll for each roofing classification.
10. 1099/Cash/Subcontractor Payments Table	Complete the table by providing Name/Business Name, the total number of 1099/Cash/Subcontract Laborers, and the total 1099/Cash/Subcontract Labor payments.
Printed Name & Title	Printed name and title of the signatory
Phone	Phone number of the principal or an authorized representative State Fund insured submitting the form.
Signature	Principal or an authorized representative of State Fund insured • *Note that an official digital ID signature is not required. You may add a typed signature or a manual signature if you choose to print the JNF.*
Date	Date of your request to State Fund