For Use as a Worksheet Only -- Do Not Send to the Department!

State of New Jersey
Department of Banking & Insurance

Annual Report Worksheet for Home Repair Contractors

Year Ending December 31, 2015

New Jersey Department of Banking & Insurance
Division of Banking
Attn: Kristen Graham -- 5th floor
20 West State Street
Trenton, NJ 08625-0040

NJ License Reference Number: _____

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Licensee Demographics

The online application will populate the associated fields with the data currently found in our Licensing System.
All information requested below will be required by the online application (unless indicated otherwise.)

NJ License Reference Number: _____

(This is the 7-digit identification number found on your licensing certificate, followed by one of the following type codes: C03, P03, or I03.)

Licensee Name: _____

Business Address: _____

_____

_____

_____

Telephone Number: _____

FAX Number: _____

Business E-mail: _____

Every licensee **must** include their official business e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official business e-mail address will result in a failure to comply with the annual report filing.

Note: All licensees who were actively licensed in New Jersey for any period of time from January 1, 2015 through December 31, 2015 are required to file an annual report. You are required to file an annual report even if you did no business in 2015. Audited financial statements are not required to complete your annual report.

If you were actively licensed on December 31, 2015, your annual report must reflect the total activity of your New Jersey business as of the end of 2015.

If you surrendered your license during 2015, your annual report must reflect the total activity of your New Jersey business as of the date of surrender.

Your annual report should only reflect the amount of business done with *New Jersey consumers* thru your main office and all New Jersey branch offices during 2015.

If you actively held two or more New Jersey licenses during 2015, you must file an annual report for each type of license.

NJ License Reference Number: _____

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Home Repair Contractors Section

Home Repair Contractor Activity Summary

Please provide the following information concerning your business activities from January 1, 2015 through December 31, 2015.

For the information requested below, only include contracts that were executed during 2015, where your company provided the financing. The dollar amount reported must be the total amount of the financed contract, even if you did not collect all of the money or complete all of the work during 2015.

> *Example: The total contract amount for a particular project is $30,000, and you received a $10,000 deposit and started this project in 2015, but did not complete the project by the end of 2015. For this project, you will include the full contract amount of $30,000 on your 2015 Activity Summary. If you complete the project during the following year and collect the balance, you will not need to include this project in the following year's Activity Summary.*

Only include contracts from New Jersey locations.

Do not include contracts that were rescinded.

When entering these figures into the online application, round all entries to the nearest whole dollar. Do not enter commas or periods.

Description	Amount
Total Number of Executed Finance Contracts	
Total Dollar Amount of Executed Finance Contracts *(Rounded to the nearest whole US dollar.)*	

NJ License Reference Number: _____

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Home Repair Contractors Section

Home Repair Contractor Business Information

(make additional copies, if needed)

Please provide the name of the finance companies to which you sold your executed home repair contracts during 2015. Also, indicate the total dollar amount of the executed home repair contracts you sold to each company in the space provided. If your company financed contracts during 2015, include the name of your company along with the appropriate amount.

The online application will check to verify that the sum of the Total Amount of Contracts does not exceed the Total Dollar Amount of Executed Contracts provided in the Activity Summary.

Name of Company	**Total Amount of Contracts** *(in whole US dollars)*

NJ License Reference Number: _____

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Insurance Policies

Insurance Policy Detail Information

(make additional copies, if needed)

Please list the insurance companies and/or brokers/agents used to provide Workman's Compensation Insurance or Liability Insurance during 2015.

The online application requires that you provide all of the information below for each policy entered.

Name of Insurance Provider:					
Company, Broker or Agent Address:					
	City:		**State:**		**ZIP:**
Policy Number:		*Type of Coverage (Select one)* **Liability Insurance:** ☐ **Workman's Compensation:** ☐			
Effective Date:		**Expiration Date:**			

Name of Insurance Provider:					
Company, Broker or Agent Address:					
	City:		**State:**		**ZIP:**
Policy Number:		*Type of Coverage (Select one)* **Liability Insurance:** ☐ **Workman's Compensation:** ☐			
Effective Date:		**Expiration Date:**			

Name of Insurance Provider:					
Company, Broker or Agent Address:					
	City:		**State:**		**ZIP:**
Policy Number:		*Type of Coverage (Select one)* **Liability Insurance:** ☐ **Workman's Compensation:** ☐			
Effective Date:		**Expiration Date:**			

Name of Insurance Provider:					
Company, Broker or Agent Address:					
	City:		**State:**		**ZIP:**
Policy Number:		*Type of Coverage (Select one)* **Liability Insurance:** ☐ **Workman's Compensation:** ☐			
Effective Date:		**Expiration Date:**			

NJ License Reference Number: _____

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Affidavit

This sample affidavit is included for completeness only. The online application will collect all of the necessary information. DO NOT MAIL THIS AFFIDAVIT to the Department, unless you are specifically instructed to do so.

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I hereby certify that the information provided in connection with this Annual Report is true to the best of my knowledge and belief:

_____ _____
(Date) *(Signature of Licensee or Responsible Party)*

Please enter the following information for the individual preparing this report:

Name of Preparer _____

Title of Preparer _____

Phone of Preparer _____

E-mail of Preparer _____
(if available)

Please enter the following information for the licensee or individual responsible for the licensed entity. If that person no longer holds an active license, please put the mailing address of their current location or the location where they would like their mail sent so future mailings may be successfully sent to them.

Name of Responsible Party _____

Title of Responsible Party _____

Address of Responsible Party _____

Phone of Responsible Party _____

E-mail of Responsible Party _____

Every licensee **must** include their official e-mail address in their annual report according to N.J.A.C. 3:23-4.1. Failure to supply your official e-mail address will result in a failure to comply with the annual report filing.

========== *Notarization* ==========

State of _____ County of _____

Sworn to and subscribed before me this _____ day of _____ in the year _____ , and I hereby certify that I am not an officer or director of this entity.

_____
(Signature of Notary Public)

My commission expires on _____
(Date)