



New Jersey Office of the Attorney General
Division of Consumer Affairs
Office of Consumer Protection
Regulated Business Section/Home Improvement Contractor Unit
124 Halsey Street, 7th Floor,
P.O. Box 45028
Newark, NJ 07101

Home Improvement Contractors Reinstatement Instructions

- 1. Please review the “Reinstatement Instructions.”**
- 2. Complete questions 1 through 4.**
- 3. Read the “Statement.”**
- 4. Review it to be sure you have answered all four questions properly.**
- 5. Sign and date the form.**
- 6. Attach a photocopy of your Certificate of Liability Insurance.
(IF YOU DO NOT DO SO, YOUR REINSTATEMENT APPLICATION WILL NOT BE PROCESSED.)**
- 7. Attach your check or money order for \$ 140.00.**
- 8. Make a copy for your records and mail the originals to:**

**Division of Consumer Affairs
Regulated Business Section/Home Improvement Contractor Unit
124 Halsey Street, 7th Floor
Newark, New Jersey 07101**

Allow two to three weeks for processing.



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection

Regulated Business Section/Home Improvement Contractor Unit
124 Halsey Street, 7th Floor, P.O. Box 45028, Newark, NJ 07101



Home Improvement Contractors Reinstatement Form

Name: _____ License number: _____

1. Since you filed your initial or last renewal application, has any officer, director, principal or persons with an ownership interest of 10% or more been found liable in an administrative or civil suit for engaging in any of the following: fraud, dishonesty, incompetence, negligence, or professional or occupational misconduct? Yes No
2. Since you filed your initial or last renewal application, has the business or any officer, director, principal or persons with an ownership interest of 10% or more been named as a defendant or respondent in a consent order, assurance or voluntary compliance or final order with the New Jersey Division of Consumer Affairs or any other state or federal agency? Yes No
3. Has any officer, director, principal or persons with an ownership interest of 10% or more been convicted of a crime other than those disclosed on your initial or last renewal application (whichever is most recent)? Yes No
4. Is the address listed on this notice your correct address?
If "No," provide the correct address (only if changed): Yes No

Mailing address: _____

Business address: _____

Before you sign the application you must read the following statement. By signing the application, you acknowledge that you have read the statement.

Statement

All contractors must prominently display their registration number on all commercial vehicles registered in New Jersey and on all business documents and contracts as well as in correspondence with consumers and in all advertisements. They must also display their original registration certificate in the place of business. In addition, contracts over \$500 must be in writing and must contain certain terms which can be found in the statute and regulations available on www.njconsumeraffairs.gov/hic/Pages/regulations.aspx.

"I certify that the information entered on this form is true and complete to the best of my knowledge, and further acknowledge that if the above information is willfully false, I am subject to punishment and or disciplinary sanction including license suspension or revocation or the imposition of civil penalties as may be provided by law."

Signature of registrant

Date

REINSTATEMENT INSTRUCTIONS

Our records indicate that you failed to renew your home improvement contractor registration. Pursuant to N.J.S.A. 56:8-138 a and b:

- a. On or after December 31, 2005, no person shall offer to perform, or engage, or attempt to engage in the business of making or selling home improvements unless registered with the Division of Consumer Affairs in accordance with the provisions of this act.
- b. Every contractor shall annually register with the director. Application for registration shall be on a form provided by the Division and shall be accompanied by a reasonable fee, set by the director in an amount sufficient to defray the Division's expenses incurred in administering and enforcing this act.

Note that your New Jersey Home Improvement Contractor registration has expired and, under State law, you may not work as a home improvement contractor.

If you wish to reinstate your registration:

- I. A principal officer must answer each of the questions listed above and sign and date the application where indicated.
- II. Enclose a check or money order for the reinstatement fee of \$140.00 made payable to the New Jersey Division of Consumer Affairs. Print your registration number on your check or money order.
- III. Enclose a current certificate of commercial general liability insurance (see sample page attached) in an amount of at least \$500,000 per occurrence. (Please note, only a photocopy of the current certificate of commercial general liability insurance is acceptable, not simply a declaration page.)
- IV. Send all of the above to the address below.

Please note, any change in the information supplied in your initial application including a change in your business name, the ownership of your business, or the physical location of the business must be reported within 30 days to: **Division of Consumer Affairs, Regulated Business Section/Home Improvement Contractor Unit, 124 Halsey Street, 7th Floor, Newark, NJ 07102.** Failure to do so may result in action being taken against your registration.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
(Complete)

PRODUCER
Insurance Agent's Name
Name of Insurance Agency
Street Address, City, State, Zip Code/Telephone # and Fax #

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
Insured's Name
Business Name/Alternate Name or DBA Name
Street Address, City, State, Zip Code (PO BOXES UNACCEPTABLE)

INSURER A: (Complete)

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	(Complete) ACTIVE POL #	(Complete)	(Complete)	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1 million GENERAL AGGREGATE \$ 2 million PRODUCTS - COMP/OP AGG \$ 1 million
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	(Complete)	(Complete)	(Complete)	COMBINED SINGLE LIMIT (Ea accident) \$ 1 million BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ Complete				EACH OCCURRENCE \$ 4 million AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Complete all sections if statutorily required in the State of California.	(Complete)	(Complete)	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1 million E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER
NJ office of the attorney General
Division of consumer Affairs
Regulated Business Section - Attn: Home Improv. Unit
124 Halsey Street
Newark, NJ 07102

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
Agent Signature