

Start a Workers' Compensation Quote

Requested Effective Date: _____

Business Information

Business Name: _____

Street Address: _____

City: _____ State: NY Zip Code: _____

Business Email: _____ Business Telephone: _____

Is this a newly formed business? Yes* No **Indicates the business has no prior coverage and/or reported payroll history of any kind & has not operated under any other entity.*

Federal Tax ID: _____ Age of Business: _____ yr. _____ months

Other Businesses (Entities)

List all other businesses (employers) that you are seeking to cover under this policy. This means any business requiring coverage under this policy that operates under a different FEIN (Federal Employer Identification Number) and/or a separate set of payroll records.

Are there additional entities to be covered? Yes No

Entity Name: _____

Telephone: _____ FEIN: _____

Entity Name: _____

Telephone: _____ FEIN: _____

Entity Name: _____

Telephone: _____ FEIN: _____

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Officer/Board Member Information

Please list **all** executive officers or members of governing boards, regardless of whether they will be covered. Home addresses are only required for private school officers/board members. **NOTE: The first contact listed must be the individual that would electronically sign the application if the applicant elects to bind coverage.**

First Name: _____ MI: _____ Last Name: _____

Title: _____ Email: _____

Home Address: _____ Annual Salary: \$ _____

First Name: _____ MI: _____ Last Name: _____

Title: _____ Email: _____

Home Address: _____ Annual Salary: \$ _____

First Name: _____ MI: _____ Last Name: _____

Title: _____ Email: _____

Home Address: _____ Annual Salary: \$ _____

First Name: _____ MI: _____ Last Name: _____

Title: _____ Email: _____

Home Address: _____ Annual Salary: \$ _____

First Name: _____ MI: _____ Last Name: _____

Title: _____ Email: _____

Home Address: _____ Annual Salary: \$ _____

Please attach an additional copy of this sheet if your organization has more officers/board members they wish to include.



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Payroll Information

Please list the number of employees and annual payroll for each class code used by your organization.

Class Code	Number of Employees	Annual Payroll

Please attach an additional copy of this sheet if your organization has more class codes they wish to include.

Subcontractor and Other Employee Information

If you hire or lease an employee who is not covered by a valid workers' compensation policy, you will be liable for their coverage. Please let us know if there are any such workers, regardless of their coverage.

YES, our organization uses subcontractors, independent contractors, or 1099 employees.

OR

NO, our organization **does not** use subcontractors, independent contractors, or 1099 employees.



Addresses and Work Locations

Please list **all** New York business locations to be covered only where employees physically work. A post office box (P.O. Box) is **not** an acceptable location.

Main Work Location

Street Address: _____ City: _____

State: NY Zip Code: _____ Number of Employees: _____

Is this the location where NYSIF should conduct an audit?* Yes No **Payroll, tax, and ownership documents must be present at audit.*

Additional Work Location

Street Address: _____ City: _____

State: NY Zip Code: _____ Number of Employees: _____

Additional Work Location

Street Address: _____ City: _____

State: NY Zip Code: _____ Number of Employees: _____

Additional Work Location

Street Address: _____ City: _____

State: NY Zip Code: _____ Number of Employees: _____

Additional Work Location

Street Address: _____ City: _____

State: NY Zip Code: _____ Number of Employees: _____

Please attach an additional copy of this sheet if your organization has more addresses and work locations.