STATE OF NEW YORK WORKERS' COMPENSATION BOARD

Bureau of Compliance ● PO BOX 5200, Binghamton, NY 13902-5200

APPLICATION FOR ACCEPTANCE OF INSURANCE FORM
Under Section 360.1(b)(1) NYCRR

To: Chair, Workers' Compensation Board

_____, an insurance carrier authorized by the Superintendent of Financial Services to write contracts insuring the obligations of employers pursuant to Section 211 of the Workers' Compensation Law, hereby applies under Section 360.1(b)(1) NYCRR for the acceptance of the attached insurance form, and requests assignment of an identifying number.

1. The attached form is: ☐ Policy ☐ Rider or Endorsement ☐ Supplement

   ☐ Other (specify) _____

2. This form was filed with the Superintendent of Financial Services on _____

   Insurance Carrier's Form No. _____

3. The above insurance form, if other than a Policy form, will be used with the insurance carrier form(s) identified below. (List insurance carrier form number and Workers' Compensation Board identifying number, if any.)

4. The following item or items, as checked, correctly describe the form herewith submitted.

   ☐ The benefits to be provided are the same in all respects as those required by Section 204 of the Workers' Compensation Law.

   ☐ The benefits to be provided are the same in all respects and greater in one or more respects than required by Section 204 of the Workers' Compensation Law.

   ☐ Other benefits related to disability benefits are to be provided, such as hospital, medical, surgical, etc.

   ☐ Other benefits not related to disability and/or paid family leave benefits are to be provided, such as group life, dependent benefits, etc.

   ☐ The form as issued will include variable (fill-in provisions). When coverage under this form is provided for an employer the certificate of insurance will, by specific reference, and in the same order as listed in the insurance form, indicate the variable (fill-in) provisions contained in the insurance contract as issued.

5. The insurance carrier will, pursuant to Section 360.1(b)(1) NYCRR, and until acceptance of this insurance form has been revoked by the Chair or approved thereof rescinded by the Superintendent of Financial Services, file promptly the certificate of insurance as prescribed by the Chair for each insurance contract issued using this form.

Date _____ By _____

(Signature of Authorized Representative)

Telephone Number _____ Title _____

SEE INSTRUCTIONS and **NOTICE OF ACCEPTANCE** ON REVERSE

DB-850 10-17

NOTICE OF ACCEPTANCE OF INSURANCE FORMS

Insurance Carrier _____

WCB Identifying No. _____ Insurance Carrier Form No. _____

Until further notice the attached insurance form is assigned the above WCB Identifying Number.

Acceptance of insurance forms is subject to the requirement that adequate facilities for promptly and efficiently servicing insured claims shall be provided and maintained by the carrier in locations convenient to every part of the state where there are places of employment of employers who provide benefits for employees by an insurance contract of the carrier.

The insurance form identified above is accepted for use within the limitations described in the application submitted by the insurance carrier and subject to the provisions of Article 9 of the Workers' Compensation Law and Regulations thereunder.

_____ By _____

Date of Acceptance Authorized Signature

THIS ACCEPTANCE IS VALID ONLY WHEN COUNTERSIGNED AND BOARD SEAL IS AFFIXED.

INSTRUCTIONS

1. This application may be signed only by a representative authorized to act for the Insurance Carrier in matters relating to the acceptance of insurance forms under the NYS Disability and Paid Family Leave Benefits Law.

2. For each insurance form submitted to the Chair for acceptance, prepare a separate application and attach it firmly to the corresponding insurance form.

EMAIL COMPLETED FORM AND ATTACHMENTS TO **PAU@WCB.NY.GOV**
OR MAIL COMPLETED FORM AND ATTACHMENTS TO:

WORKERS' COMPENSATION BOARD
PLANS ACCEPTANCE UNIT
PO BOX 5200
BINGHAMTON, NY 13902-5200

When accepted, a duplicate application with appropriate notation of acceptance by the Chair above, will be returned to the insurance carrier.