

[A Rated Carrier]

Assumption of Workers' Compensation and Employers' Liability Insurance Policy

<b>Qualified Self Insured Policy Period</b>	
<b>From</b>	<b>To</b>
<b>Effective Assumption Date</b>	12:01 A.M. Standard Time at the address of the Insured as stated herein

<b>1. Named of Qualified Self Insured and Address</b>		<b>Qualified Self Insured Contact</b>	
		Telephone:	
Carrier #			Self Insured W #

2. The Policy Period covers the periods from \_\_\_\_\_ to \_\_\_\_\_ and is effective as of \_\_\_\_\_ 12:01 a.m. Standard Time at the Insured's mailing address, and includes all remaining obligations and unpaid amounts of the qualified self insured and all participants and their respective coverage periods as identified in schedule A.

3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the State of New York.

B. Employers Liability Insurance: Part TWO of the policy applies to work in the state of New York and is for unlimited coverage.

C. This policy includes two endorsements and one schedule A (see back of form).

4. The premium for this policy will be a single complete premium.

Premium	\$
Assessments and Taxes	\$
Total Premium Cost	\$

This is a Lump Sum Single Premium

Counter signed this \_\_\_\_\_ Day of

Issued Date: \_\_\_\_\_

Issuing Office: \_\_\_\_\_ Authorized Representative

