



NOTICE OF ISSUANCE OF NEW POLICY OR REINSTATEMENT OF POLICY (Workers' Compensation Law)

Send To: Workers' Compensation Board Bureau of Compliance Employer Coverage Unit 100 Broadway - Menands Albany, NY 12241-0019

Your Carrier Name and Address Here

Date (mm-dd-yy): 12 - 01 - 00

Check One: [X] NEW POLICY ISSUE (Complete Part A), [] POLICY NUMBER CHANGE (Complete Part A), [] REINSTATEMENT (Complete Parts A and B)

Name of Carrier Contact: Phone Number () -

PART A - NEW POLICY ISSUE

Legal Name and Address of Employer, Including Name Under Which Business conducted, if any. Report one legal entity per document.

Employer's NYS U.I. Registration Number

Federal Employer Identification Number

12 - 34567 (for XYZ Machine Inc)

12 - 3456789 (for XYZ Machine Inc)

Name Line 1: ABC Leasing Company Inc L/C/F

Name Line 2: XYZ Machine Inc.

Policy Number 123456789

Name Line 3:

WCB Carrier Code No. W- 111111

Address Line 1: 123 Main St

Address Line 2:

Policy Effective Date (mm-dd-yy) 01 - 01 - 01

City: Anywhere State: NY Zip Code: 12345 - 6789

Number of Policy being replaced.....

PART B - REINSTATEMENT

1. Date Cancellation or Non-Renewal was to have been effective (mm-dd-yy)..... - -

2. Date Cancellation or Non-Renewal Notice sent to Chair (mm-dd-yy)..... - -

3. Date Cancellation or Non-Renewal Notice sent to employer (mm-dd-yy)..... - -

4. Effective Date of Reinstatement (mm-dd-yy)..... - -

The Workers' Compensation Board Employs and Serves People With Disabilities Without Discrimination.