NEW YORK STATE | Workers' Compensation Board

KATHY HOCHUL
Governor

FREIDA D. FOSTER
Chair

STEVEN M. SCOTTI
Executive Director

CERTIFICATION OF EXCESS INSURANCE CONTRACT FOR SELF-INSURER

_____
Name of Excess Insurance Carrier

_____
Address

_____
City, State, Zip Code

THIS IS TO CERTIFY that a Workers' Compensation Excess Insurance Policy has been issued by this Company as follows:

The Excess Insurance Policy is now in force and the Company will give the Chair, Workers' Compensation Board, State of New York not less than thirty (30) days written notice of cancellation or of any change to be made by the Company in said Policy. Such notice shall be sent by registered or certified mail to: Workers' Compensation Board, Attention: Office of Self-Insurance, 328 State Street, Schenectady, NY 12305.

Name of Self-Insurer:_____

Address:_____

Policy Number: _____

Policy effective date: _____ Policy expiration date: _____

Company's Limits of Liability: ***Statutory*** each occurrence.

Self-Insurer's Retention: $_____each occurrence.

Dated this _____ day of _____ 20_____

By signing this form, the authorized official certifies that the insurance carrier is authorized by the Superintendent of Financial Services to issue excess policies in New York State; the above policy contains per occurrence coverage for workers' compensation subject to the terms and conditions described above; and the above policy does not contain a corridor deductible.

EXCESS CARRIER AFFIRMATION

By signing this agreement, the signer certifies that they are authorized to execute this instrument on behalf of

_____ for the purposes set forth herein,

and that, pursuant to that authority, they are executing this instrument in the name of and on behalf of said entity as an act and deed of said entity.

_____ _____ _____
Signature of Authorized Official | Title | Date

_____ _____ _____
Print Name of Authorized Official | Phone # | Email