

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
 328 State Street, Schenectady, NY 12305

APPLICATION FOR SELF-INSURANCE
WORKERS' COMPENSATION LAW

An application filed by an applicant for self-insurance under the Workers' Compensation Law does not cover any of its subsidiary corporations. New York State requires that each corporation desiring to self-insure under the Workers' Compensation Law file its own individual application. If additional applications are needed, they will be sent upon request.

The undersigned (hereinafter referred to as the applicant) hereby makes application for the status of a self-insurer under Sec. 50, subd. 3 of the Workers' Compensation Law of New York State. In connection with such application the applicant makes the following declarations for the purpose of enabling the Chair, Workers' Compensation Board, to make a finding of facts as to whether the applicant possesses sufficient financial ability and has adequate facilities to render certain the payment of compensation to applicant's injured employees and death benefits to the dependents of employees who die in consequence of accident, as well as the applicant's other obligations under the Workers' Compensation Law. Applicant agrees to abide by all the provisions of said law and by the rules and regulations governing self-insurers in New York State.

1. NAME OF APPLICANT	3. NYS U.I. EMPLOYER REG. NO.	6. DESIRED EFFECTIVE DATE OF SELF-INSURANCE
2. ADDRESS (Principal Office)	4. FEDERAL EMPLOYER ID NO.	7. PROPOSED RETENTION LEVEL OF EXCESS POLICY \$
	5. TELEPHONE NUMBER	8. LIMIT OF LIABILITY OF EXCESS POLICY \$
9. NATURE OF BUSINESS (a) Describe briefly the general character of the operations performed and the articles manufactured or compounded at the plant or on the premises of the employer. (b) Describe briefly all classes of work performed away from the employer's plant or premises.		
10. WHAT COMPANY NOW IS CARRYING YOUR COMPENSATION INSURANCE?		
11. DO YOU INTEND TO DEAL DIRECTLY WITH YOUR EMPLOYEES IN COMPENSATION MATTERS OR THROUGH A LICENSED SELF-INSURANCE REPRESENTATIVE? IF THE LATTER METHOD IS TO BE USED, GIVE THE NAME AND ADDRESS OF THE REPRESENTATIVE.		
12. IF A CORPORATION . . . (a) Enter date when incorporated (b) Under laws of what State? (c) If not a New York corporation, enter date of registration in New York State (d) Has applicant any affiliates or subsidiaries with operations in New York State? Yes <input type="checkbox"/> No <input type="checkbox"/> (e) Did you succeed anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If so, whom did you succeed? (f) If a subsidiary, enter name and address of parent company (g) Enter parent's percentage of stock ownership % (h) ATTACH CERTIFIED COPY OF CERTIFICATE OF INCORPORATION		
13. IF A PARTNERSHIP . . . (a) Name all partners and designate whether they are general, special, limited, etc. (b) Enter date when partnership established (c) ATTACH CERTIFIED COPY OF PARTNERSHIP AGREEMENT.		
14. IF A SOLE PROPRIETORSHIP . . . Home address of proprietor		
15. ENTER NAMES OF OFFICERS President Vice-President Secretary Treasurer		

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

16. CLASS NO.	17. DIVISIONS OF OPERATION (DIVIDE PAYROLL TO CORRESPOND WITH EACH DIVISION BELOW.)	18. ESTIMATED AVERAGE NUMBER OF EMPLOYEES	19. ESTIMATED PAYROLL OF ALL EMPLOYEES FOR ONE YEAR
Report full payrolls for all employees. Include interstate, maritime, homeworkers, value of meals and lodgings, etc., received by employees and sub-contractor's employees payrolls unless compensation is definitely provided by sub-contractors. Show bonus and overtime to employees separately by each classification below.			
	(a) Employees engaged in general operations upon the employer's premises, operative management and superintendence and ordinary repairs and upkeep of machinery		
	(b) Clerical office employees and others engaged in office duties at the plant or on the premises of the employer.		
	(c) Sales personnel, collectors and messengers outside.		
	(d) Sales personnel within buildings.		
	(e) Chauffeurs, drivers and their helpers (motor and/or horse-drawn vehicles).		
	(f) Executive officers, corporate (elected or appointed in accordance with the charter or by-laws).		
	(g) Description of operations not included in above.		
	TOTAL —————>		

20. ATTACH THE FOLLOWING DOCUMENTS:

- (a) A document describing in full the safety organization maintained within your establishment for the prevention of accidents.
- (b) The applicant's three most recent independently audited financial statements, or Form 10K's, covering the three years immediately prior to application.
- (c) A listing by address of factories, offices or other workplaces in New York State and the estimated number of employees engaged in each place to be covered by the self-insurance privilege herein applied for.

STATE OF _____ }
 County of _____ } ss.:

_____, being duly sworn, says they are the
 _____ of the above named applicant; that they have carefully
 examined
 the foregoing statement and the facts therein set forth are
 true.

Sworn to before me this _____ day of _____,

IMPRESS CORPORATE
SEAL HERE*

*If the corporation does not
have a seal, check here

 Signature of Owner, Partner or Authorized Official

 Title

Information contained in this application shall not be open to public inspection.