



eApplication for Brokers

Brokers and their clients can now use NYSIF's electronic application with DocuSign for new workers' compensation insurance applications in a few easy steps.

New User
Don't have an account yet? [Register Now.](#)

Login
Please Log In
You are accessing a protected resource.

Username:

Password:

Forgot [Username](#) or [password](#)?

For the best browser experience, please refer to the [Website Browser](#) [FAQs](#).

Log in to the account.

Click Get a Quote or Apply for a Policy.

Quote #	Employer Name	Received	Expired	Status
3492660	SAFETY GROUP TEST 1	12/15/2015	05/15/2016	Quote Rejected
4397794	TEST			incomplete quote

Select Get a New Quote or click on the Quote # of an existing quote.

Select one person from the list below to electronically sign the application:

Officer	Email
☒ VICE-PRESIDENT JKENN	spubl@domain.com
☐ OWNER JKENN	spubl@domain.com
☐ PARTNER JKENN	spubl@domain.com
☐ SECRETARY JKENN	spubl@domain.com
☐ CHAIRPERSON JKENN	spubl@domain.com

☐ I agree to the New York State Insurance Fund [User Agreement and Privacy Policy](#)

Once you submit your application, you cannot make any changes. You must "submit" your application to apply for insurance.

Complete the application, select the intended client and click Submit online with DocuSign.

(Wait for transaction to complete before continuing.)

Print a copy of the application for your records.

(over, please)



eApplication for Brokers

Broker receives verification.

Thank you for submitting the application for workers' comp insurance on behalf of JOHN PUBLIC.

NYSIF has sent an e-mail to JOHN PUBLIC at jpubl@nubiz.com containing instructions and a link to apply a signature to the application and complete the application process.

Please advise your client to check Junk Mail or Spam folders if the e-mail is not received.

[Pay Online](#)

[Quote List](#)

Client receives email with link for eSignature completion.

Subject: Your NYSIF workers' comp application is ready for your signature.

Dear JOHN PUBLIC:

An application for workers' comp coverage has been submitted by SUSAN P

Please [click here](#) for instructions on completing the application process.

If the above link does not work, please cut and paste the following into the ad

Thank you,

Client inputs zip code.

	New York State Insurance Fund <i>Workers' Compensation & Disability Benefits Specialist since 1914</i>	WORKERS' COMPENSATION	DISABILITY BENEFITS	SAFETY & RISK MANAGEMENT	CLAIMANTS
Please enter the 5 digit zip code of the primary business location: Submit					

Client clicks Sign Application with DocuSign.

If paying electronically, client receives email confirmation of payment.

Done!

	New York State Insurance Fund <i>Workers' Compensation & Disability Benefits Specialist since 1914</i>	WORKERS' COMPENSATION	DISABILITY BENEFITS	SAFETY & RISK MANAGEMENT	CLAIMANTS
ATN #: 2368193516 - Quote #: 5218079					
Sign application with DocuSign Pay Deposit					
NYSIF is pleased to offer you the convenience of completing this process electronically. If you also plan to pay your deposit electronically, please have your checking account or credit card information available before beginning this process. We recommend you download a copy of your application from DocuSign prior to beginning the electronic signature process. You will also be able to print and mail your application, should you choose to do so. NOTE: To submit this document online, instead of by mail, you must respond to identity affirming questions posed on the DocuSign website. If you do not wish to respond to these questions, please submit this form by mail. All applications must be submitted by an officer or owner of the business.					