



New York State Insurance Fund
Procurement Unit

Thank you for your interest in being added to NYSIF's bidder list. Please fill in the requested information below.

Legal Business Name: _____

DBA Name (if any): _____

Federal Tax ID Number: _____

Is your firm a New York resident business? ☐ YES ☐ NO

Total number of people employed by your firm: **company-wide:** _____ **in New York State:** _____

NYSESD Certified Minority-Owned Business Enterprise ☐ YES ☐ NO
If yes, attach a copy of your current New York State certification letter.

NYSESD Certified Women-Owned Business Enterprise ☐ YES ☐ NO
If yes, attach a copy of your current New York State certification letter.

Does your firm purchase goods or services or subcontract with any New York State certified minority or women-owned enterprises? ☐ YES ☐ NO

NYS Small Business ☐ YES ☐ NO
As defined in Executive Law Section 310(20).

NYSOGS Certified Service-Disabled Veteran-Owned Business ☐ YES ☐ NO
If yes, attach a copy of your current New York State certification letter.

Please indicate the products and/or services for which you want to be considered:

Company Address: _____

Company Website: _____

Contact Name: _____

E-mail: _____

Phone #: _____ **Fax #:** _____

Forms can be returned to contracts@nysif.com or faxed to 518-437-4209. If you have any questions, please call 518-437-4360.

Thank you,

NYSIF – Procurement Unit