



ATTACHMENT 5
INSURANCE PREMIUM COLLECTION

The Data for responses must be based upon business operation for the period 1/1/17 thru 12/31/21. (Section 2.1(4)).

Type of Insurance	Information Requested	Bidder Details
NYS Workers Compensation and Disability Benefits	# of accounts referred	
	\$ value of accounts referred	
	# of accounts collected	
	\$ value of accounts collected	
	# of accounts returned/written off	
	\$ value of accounts returned/written off	
	# of accounts adjusted	
	\$ value of accounts adjusted	

Signature

Date

Typed/Printed Name

Company Name

Title