

**NYSIF.com Online Account  
User Guide  
BROKERS/AGENTS  
  
June 4, 2021**

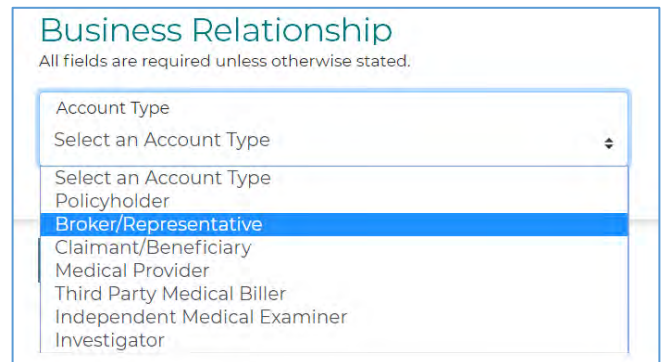
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## Create an Account

Visit nysif.com, choose "Login" at the top and click "Create an Account" from the dropdown menu. You must register as a Broker/Representative and cannot register as a policyholder using a policy number from a client you represent.



**Business Relationship**  
All fields are required unless otherwise stated.

Account Type  
Select an Account Type

- Select an Account Type
- Policyholder
- Broker/Representative**
- Claimant/Beneficiary
- Medical Provider
- Third Party Medical Biller
- Independent Medical Examiner
- Investigator

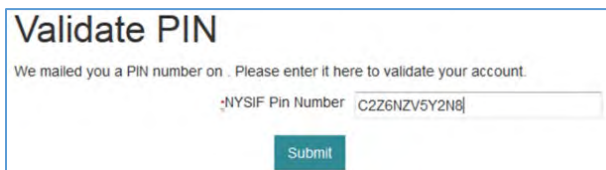
## Workers' compensation policy reps

To register, you will need your NYSIF representative number (rep ID) and the policy number for a NYSIF workers' compensation policy you represent.

## PIN Validation (WC Brokers Only)

Once your registration is complete, you will receive an email validating the address you provided. When you receive this email, click the link provided. The on-screen message will state that your email address has been validated and a PIN (personal identification number) will be sent to further verify your account.

NYSIF will mail to you (via U.S. mail) a letter containing your unique PIN. Please note that in order to meet information security standards, the PIN must be sent to the address associated with your rep ID, which may differ from the address you provided during signup. This is part of our verification procedure. Once you receive this PIN letter, please log in to your NYSIF online account and enter the PIN. **Your PIN will expire after 30 days.**



**Validate PIN**

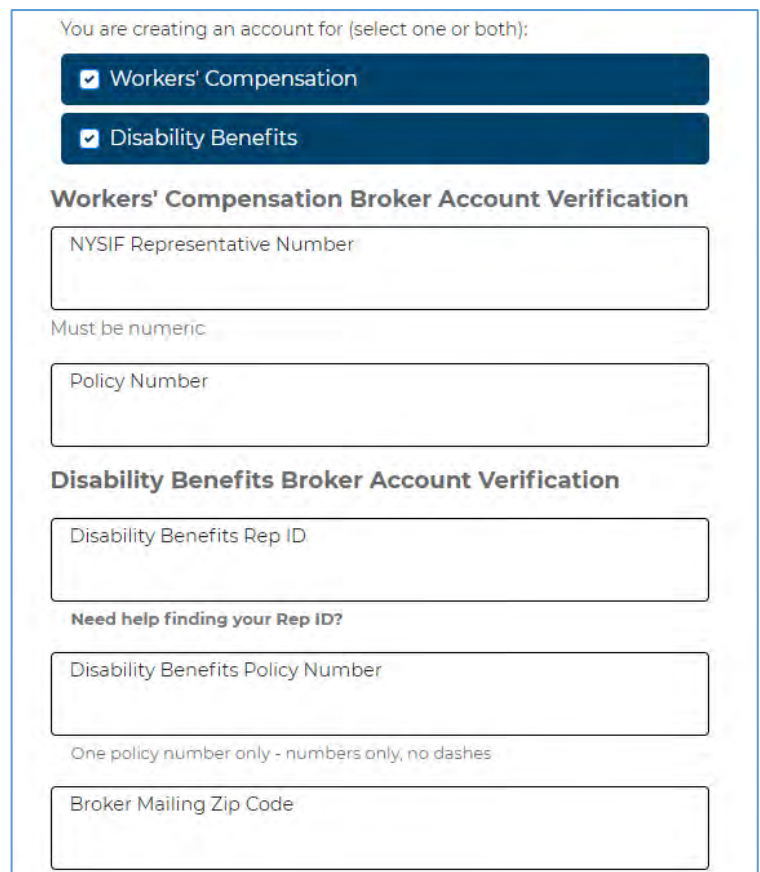
We mailed you a PIN number on . Please enter it here to validate your account.

NYSIF Pin Number C2Z6NZV5Y2N8

Submit

## Disability benefits reps

To register, you will need your NYSIF representative number (rep ID), the policy number for a NYSIF disability benefits policy you represent and your zip code.



You are creating an account for (select one or both):

- Workers' Compensation
- Disability Benefits

**Workers' Compensation Broker Account Verification**

NYSIF Representative Number

Must be numeric

Policy Number

**Disability Benefits Broker Account Verification**

Disability Benefits Rep ID

**Need help finding your Rep ID?**

Disability Benefits Policy Number

One policy number only - numbers only, no dashes

Broker Mailing Zip Code

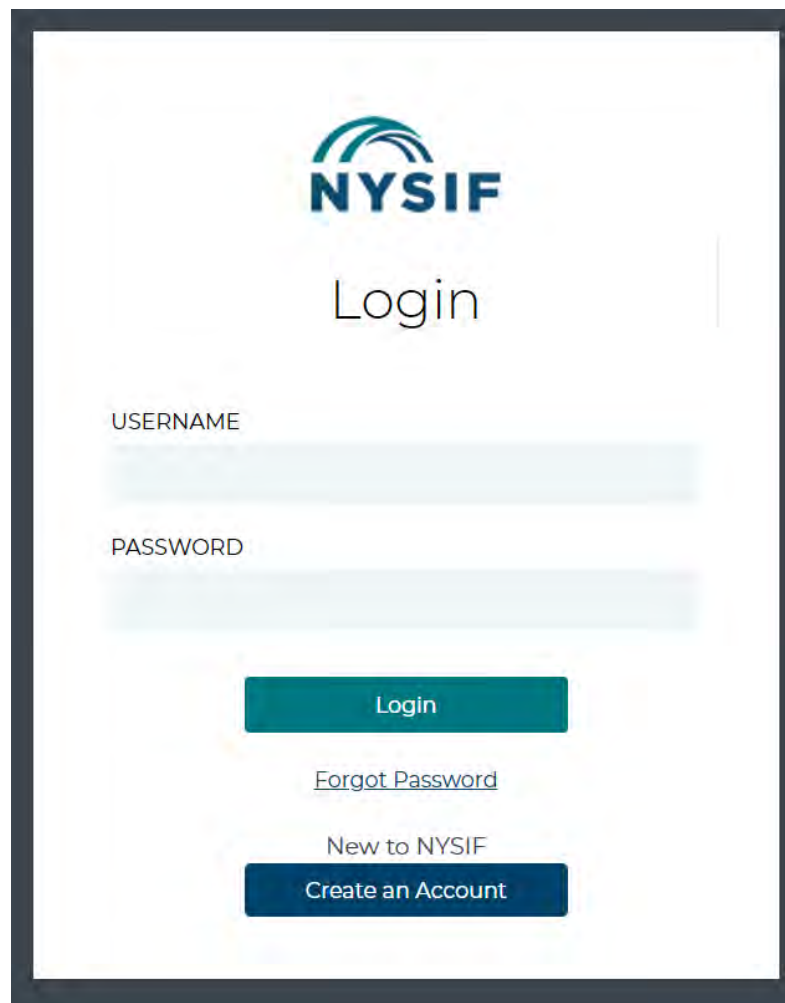
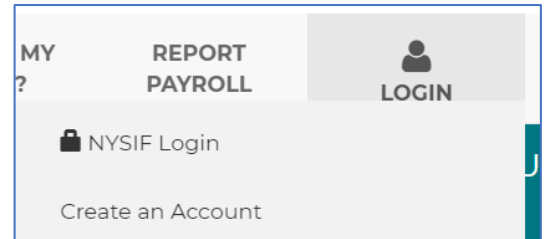
## Enhanced Security (Multi-Factor Authentication)

NYSIF takes your privacy seriously. To protect the personal information of its customers, including health records, NYSIF has implemented an enhanced security feature (also known as multi-factor authentication) for all NYSIF online account holders. Enhanced security allows NYSIF to identify you as the true owner of your online account by adding a layer of protection against unauthorized access. We do this by sending you a one-time passcode, in addition to requesting your username and password.

Please see the following screen shots for more information on how your account will be protected and verified.

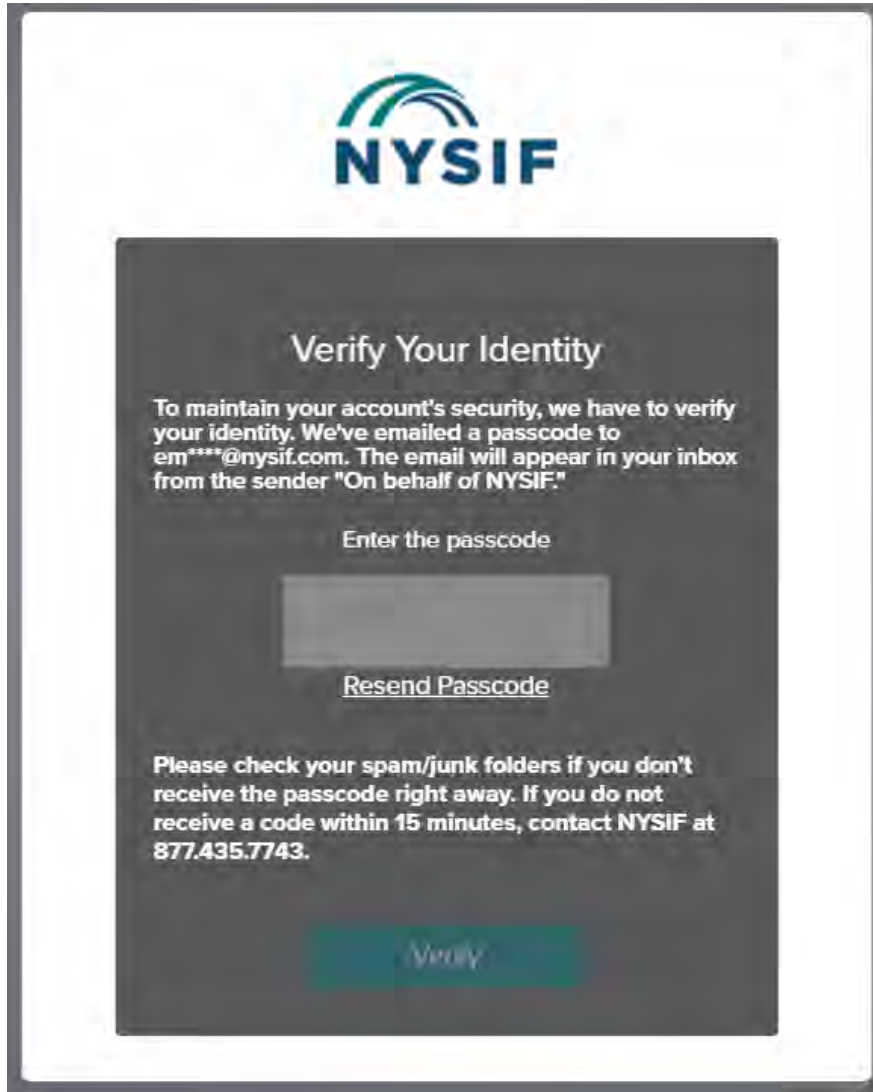
### LOGIN

1. Visit **nysif.com**. Click Login in the upper right corner.
2. Enter your username and password.



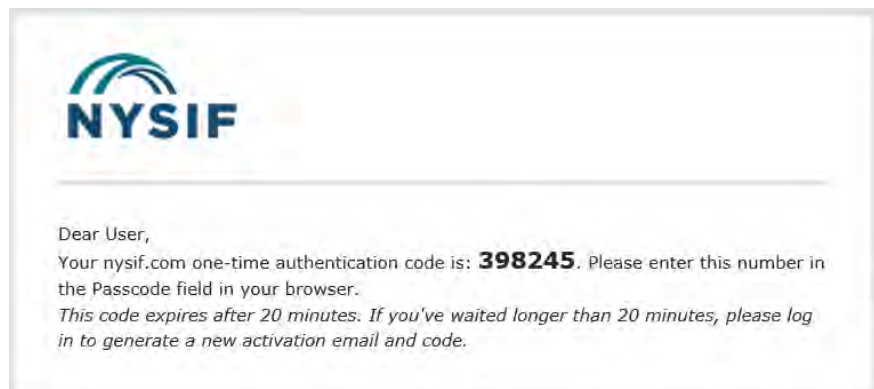
## Passcode

The first time you log into your NYSIF online account following implementation of enhanced security, you will be prompted to enter a passcode to verify your identity. The passcode will be sent to the email address associated with your NYSIF online account. At this time, you can only retrieve this passcode via email.



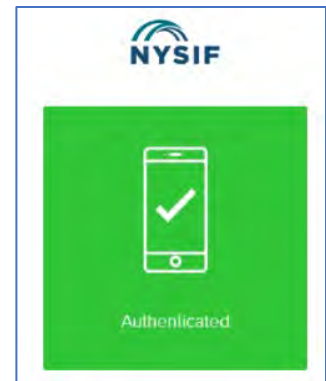
The screenshot shows a web page with the NYSIF logo at the top. Below the logo is a dark grey box containing the following text: "Verify Your Identity", "To maintain your account's security, we have to verify your identity. We've emailed a passcode to em\*\*\*\*@nysif.com. The email will appear in your inbox from the sender 'On behalf of NYSIF.'", "Enter the passcode" with a text input field, "Resend Passcode", "Please check your spam/junk folders if you don't receive the passcode right away. If you do not receive a code within 15 minutes, contact NYSIF at 877.435.7743.", and a "Verify" button.

The passcode will expire after 20 minutes. The email will appear in your inbox from the sender **“On behalf of NYSIF.”**



The screenshot shows an email with the NYSIF logo at the top. Below the logo is a horizontal line, followed by the text: "Dear User,", "Your nysif.com one-time authentication code is: **398245**. Please enter this number in the Passcode field in your browser.", and "This code expires after 20 minutes. If you've waited longer than 20 minutes, please log in to generate a new activation email and code."

Enter the passcode in the field provided. Click "Verify." If authenticated, users will receive confirmation before being directed to their customer landing page or the application they were trying to reach.



## Authentication

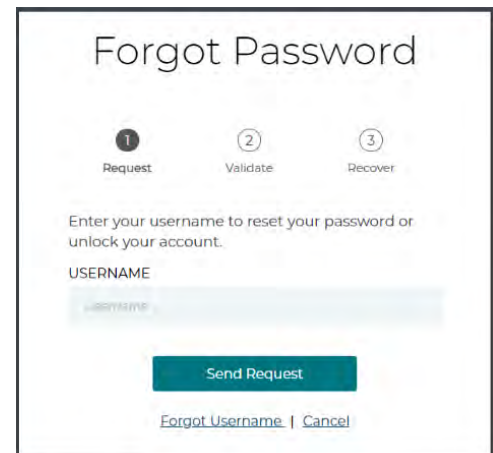
Each time you log into nysif.com, NYSIF's systems will perform a risk assessment of your login details. If the assessment identifies a probability of fraud, you will be asked to authenticate via passcode as shown above, sent to the email address associated with your online account.

Examples of information that might trigger an enhanced security login include:

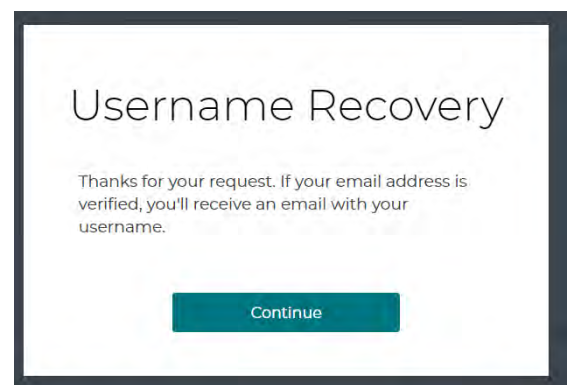
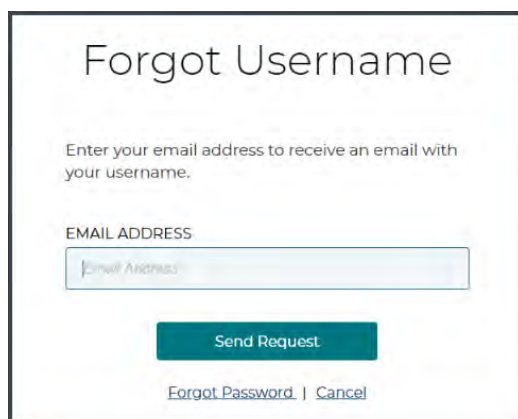
- Frequent password changes
- Different user location or time zone
- Different user IP address
- Different browser or version
- Different or new device/computer
- New mobile login

## Forgot Password or Username:

Choose "Forgot Password" from the login page. Enter your Username in the field provided. A temporary password will be sent to the email address associated with the online account.

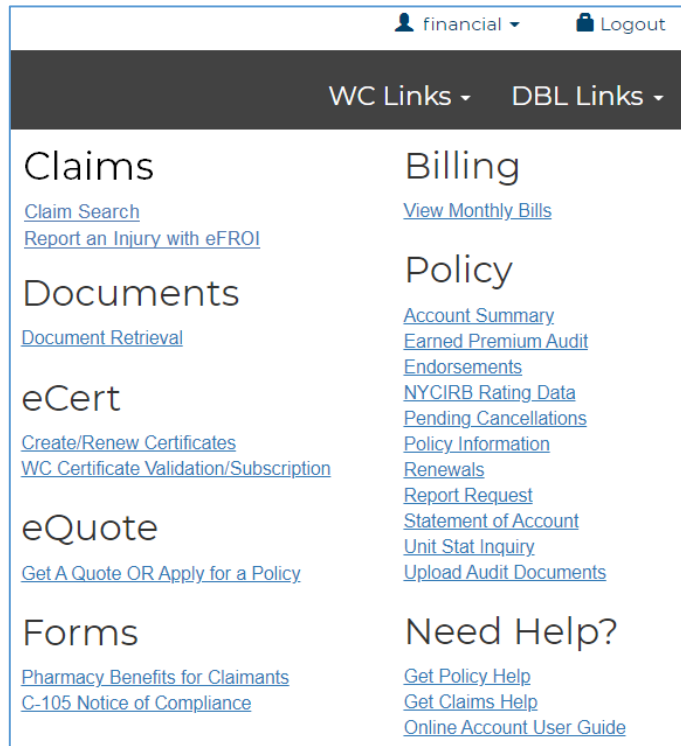


Choose "Forgot Username." Enter your email address. Our system will send the username associated with that email address to the email address.



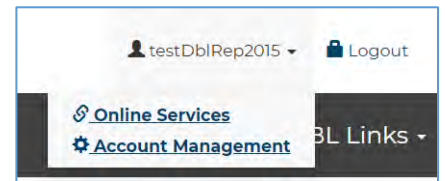
# Workers' Comp Broker/Agent Online Account Management

If you have both workers' compensation and disability benefits accounts with NYSIF, choose "DBL Links" to view your options.

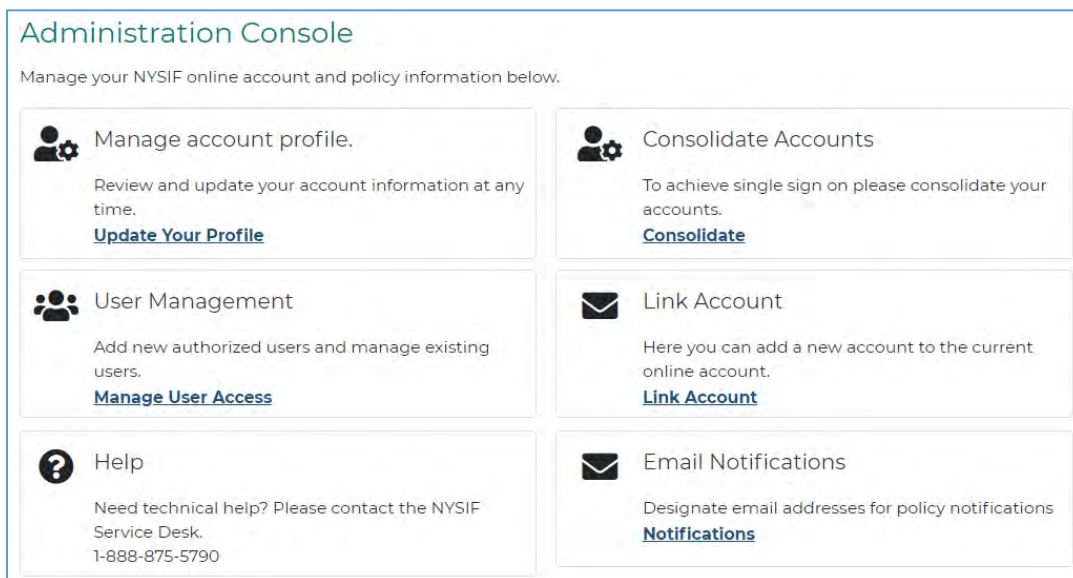


## Online Customer Account Administration

To manage your online account, select "Account Management" from the drop-down menu under your username at the top right of the page.



Choosing "Account Management" will bring you to your "Administration Console Home" page, where you can update your profile or password, add authorized users, consolidate your workers' comp and disability benefits customer accounts and manage email notifications. *(If your online account is consolidated, you will not see the Consolidate or Link boxes.)*





## User Management (add or delete an authorized user)

Select "Manage Users" under User Management to add, edit or delete an authorized user (or "child") account. **Only the master account holder can add or delete authorized users.**

### User Management

This screen displays all of the users that currently have access to your account's applications. You can change contact and password information for a user by clicking the user's login name. If you wish to delete the user, simply click the "Delete" link.

[Add New User](#) +

Login	First Name	Last Name	Last Login	Access Expires	Edit	Delete
testDbIRep2015	NYSIF	BROKER	10/26/2019 1:17:33 PM	Master Account Holder		
testDbIRep2015Y2	TEST	SUB		11/12/2020 <a href="#">Extend Access</a>		
testDbIRep2015Ying	TEST	SUB	11/14/2019 10:11:12 AM	11/13/2020 <a href="#">Extend Access</a>		
DBLAuthUser	TEST	SUB	06/07/2019 12:01:02 PM	Expired <a href="#">Extend Access</a>		

< [Account Management](#)

For edits to an existing user, choose Edit, make any changes and click Submit.

Choose "Add New User" to add a new user account. Complete all required fields.

When adding a new user, in addition to contact information, you will be asked to choose a username and password for this individual. This person will receive a notification email from NYSIF advising him/her to obtain the username and password from you. The user will be prompted to change the password upon first login. The user must also accept NYSIF's Terms & Conditions before gaining access to the online account.

### Add New User

Please note that each new authorized user has the same access to information as you, the master account holder. This may include access to policy and claims information for both NYSIF workers' compensation and disability benefits customers. Please ensure that the authorized user understands the legal obligations to handle this information appropriately.

Please provide account details

Contact Information

First Name

Middle Initial (optional)

Last Name

Company

Title  
Accountant

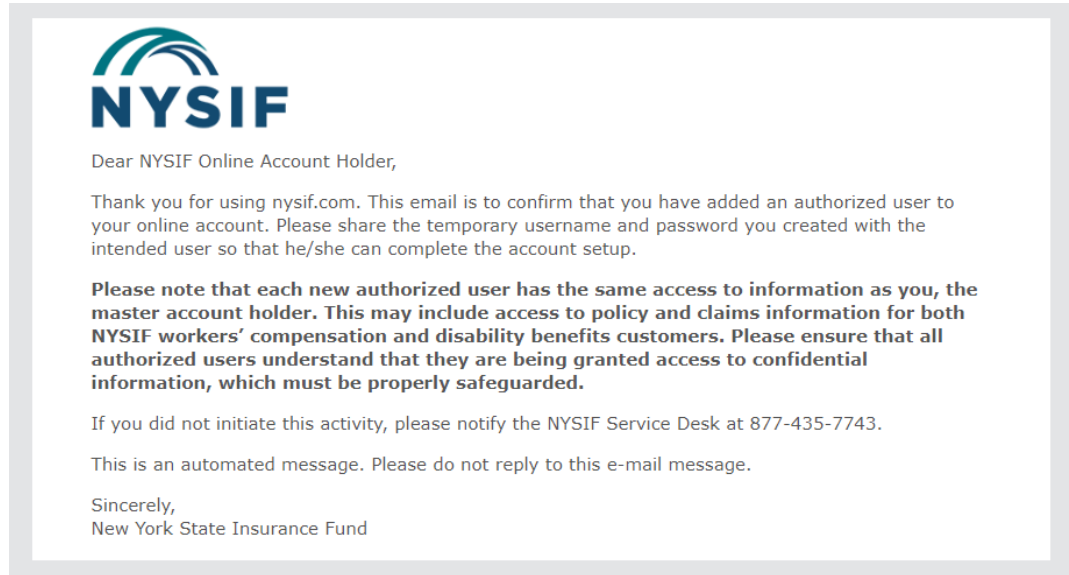
Telephone Number   
(numbers only - with area code)

Fax Number (optional)   
(numbers only - with area code)

Email Address



The master account holder will also receive a confirmation email:



**Please note that any authorized user added to this online customer account will inherit nearly all\* permissions of the master manager account. This may include access to policy and claims information for both NYSIF workers' compensation and disability benefits clients. Please ensure that all authorized users understand the legal obligation to handle this sensitive and confidential information appropriately.**

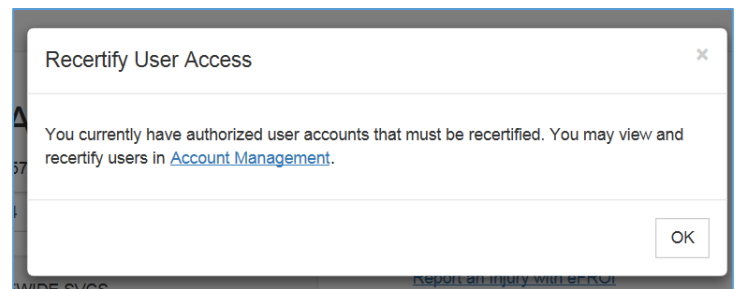
**\*Authorized user account holders cannot create other authorized user accounts or edit/delete user accounts.**

## Recertifying Authorized Users

NYSIF has established a recertification process for authorized user accounts. The master account holder is required to recertify each authorized user account annually.

### Master Account Holder

If a master account holder has accounts that must be recertified, the user will encounter this pop-up window upon login. The link will take the user directly to the Account Management page.



The master account holder will receive an email notification of upcoming recertifications 30 days from expiration, 15 days from expiration and the day of expiration. To extend access, log in and:

1. At the top right of your landing page, select "Account Management" from the dropdown menu under your user name.
2. Under "User Management," select "Manage Users."
3. Click "Extend Access" on the authorized user whose access is scheduled to expire (or whose access has already expired) to recertify the user.

PLEASE NOTE: The master account holder can recertify any user at any time. For example, if the master account logs in to recertify **Child1** because that user's access will be expiring first, the user can also recertify **Child2** and **Child3** at the same time. This is an added convenience for the user.

### User Management

This screen displays all of the users that currently have access to your account's applications. You can change contact and password information for a user by clicking the user's login name. If you wish to delete the user, simply click the "Delete" link.

[Add New User](#)

Login	First Name	Last Name	Last Login	Access Expires	Manage
nysiftest	NYSIF	NYSIFTEST	2/27/2018 11:35:19 AM		<a href="#">Edit</a>
Child1	test	uouiouiou	11/21/2017 11:24:08 AM	04/14/2018 <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Child2	Kevin	Mango	8/10/2017 9:23:08 AM	08/09/2018 <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Child3	newchild	termstest	5/30/2017 11:45:55 AM	05/30/2018 <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>

Once the user recertifies, the access expiration date will be updated to one year in the future. (There is no confirmation screen.) For example, the master account holder in the previous screen shot recertified **Child1**. The page now reflects:

[Add New User](#)

Login	First Name	Last Name	Last Login	Access Expires	Manage
nysiftest	NYSIF	NYSIFTEST	2/27/2018 11:35:19 AM		<a href="#">Edit</a>
Child1	test	uouiouiou	11/21/2017 11:24:08 AM	<b>02/27/2019</b> <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Child2	Kevin	Mango	8/10/2017 9:23:08 AM	08/09/2018 <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>
Child3	newchild	termstest	5/30/2017 11:45:55 AM	05/30/2018 <a href="#">Extend Access</a>	<a href="#">Edit</a> <a href="#">Delete</a>

If a user's access expires before recertification, the User Management page will reflect:

DBLAuthUser	TEST	SUB	06/07/2019 12:01:02 PM	<b>Expired</b>	<a href="#">Extend Access</a>	<a href="#">✎</a>	<a href="#">✕</a>
-------------	------	-----	------------------------	----------------	-------------------------------	-------------------	-------------------

The master account holder can choose "Extend Access" to certify the expired user.

### Authorized User Account Holder

The authorized user will receive an email notification of upcoming recertification 30 days from expiration, 15 days from expiration and one day from expiration.

If the authorized user's access expires, the user will be presented with the following message upon login.

### Unexpected Error

Your online account has been suspended, due to not having been recertified by the master account holder. To reestablish access, please contact the master account holder for account recertification.

**Please note that only the master account holder can recertify an authorized user; NYSIF cannot provide this authorization.**

## Notification Center

Choose "Email Notifications" from your Administration Console to view your Notification Center. The Notification Center allows the master account holder to manage email notifications by group or user for bills, info pages or audits.

### Notification Management

In the Notification Management tab, master account holders can enroll and manage notifications for authorized user accounts. Use the dropdown to choose a user and click "Go." Make your choices and Choose "Save Changes" to finish.

**Note:** If you do not have any authorize user accounts, there will be no drop down and you will see only your own account displayed.

**Note:** Authorized users will not see the User Selection screen.

The screenshot displays the 'Notification Management' interface. At the top, the title 'Notification Management' is shown. Below it, the 'User selection' section contains a paragraph of instructions: 'In addition to your master online account, you can enroll and manage notifications for your authorized user accounts here. Use the dropdown to choose a user and click "Go". Please note, if you switch users without saving, any unsaved changes will be lost.' A dropdown menu is open, showing a list of users: 'STANDARDQUOTE', 'underwriting (self)', 'STANDARDQUOTE', 'CHILDQUOTETWO', 'QUOTECHILDTHREE', and 'jsunderwriting'. A 'Go' button is located to the right of the dropdown. Below this, the 'Email Notification Settings (STANDARDQUOTE)' section is visible. It includes a 'For Accounts' dropdown set to 'Nothing selected'. Below that are five rows of notification settings, each with a dropdown menu and a help icon: 'Audit Notifications' (Nothing selected), 'Workers' Comp Bills' (01234567, 0000089), 'WC Policy Documents' (0000089), 'Disability Benefits Bills' (12345, 6789), and 'DB Policy Documents' (12345). A 'Save Changes' button is at the bottom of this section.

## Enrollments

The Enrollments page allows the master account holder to manage email preferences for workers' comp bills, policy documents and audits by policy designated on the Notification Management tab.

To add or remove a notification to an authorized user account, go to the Notification Management page or click the "Edit" icon in the table.

Notification Management Enrollments

### Enrollments

This page allows you to manage email preferences for bills, policy documents and workers' compensation audits by Rep ID designated on the Notification Management tab only. If an email address is not specified for a particular entity, no notifications will be made.

To add or remove a notification to an authorized user account, go to the Notification Management page or click the "Edit" icon in the table below.

Show  entries Search:

Notification Type	Account	Username	Email Address	Edit
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
WC Bills	0000089	STANDARDQUOTE	INDA@NYSIFGUEST.COM	
Audit Notification	01234567	underwriting	DIKA@NYSIF.COM	
Audit Notification	0000089	underwriting	DIKA@NYSIF.COM	
WC Policy Docs	0000089	STANDARDQUOTE	INDA@NYSIFGUEST.COM	
DB Bills	12345	STANDARDQUOTE	INDA@NYSIFGUEST.COM	
DB Policy Docs	6789	STANDARDQUOTE	INDA@NYSIFGUEST.COM	
DB Policy Docs	12345	STANDARDQUOTE	INDA@NYSIFGUEST.COM	

## Consolidate Online Accounts

Consolidating your NYSIF workers' comp and disability benefits online accounts allows you to log in using only one username and password. If you have several representative IDs and need assistance consolidating or linking your accounts, please contact 888-875-5790 for assistance.

### Consolidate Your Account

In order to better serve our customers, NYSIF is asking that you consolidate your username and password. This will let you use a Single Sign On process for both Workers' Compensation and Disability Benefits. You are currently logged in as a Workers' Compensation Broker/Rep under the username TEST99. If you have an online Disability Benefits account with NYSIF, you can enter your login credentials below to merge the accounts.

Please note that the username and password for your Disability Benefits account will change to that of your current Workers' Compensation account under the username TEST99.

To consolidate your account, please provide the following information. All fields are required unless otherwise stated.

Username:

Password:

## Link New Policy

If you manage disability benefits policies, you can link your access to those policies to your workers' compensation online account. Please enter the zip code for the broker mailing address.

### Link New Account

You are currently logged in as a Workers' Compensation Broker/Rep under the username TEST99. If you have Disability Benefits account with NYSIF you can add that to this online account. (If it does not already exist and is ready to be consolidated.)

#### Disability Benefits Broker Services

Disability Benefits Rep ID   
[Need help finding your Rep ID?](#)

Policy Number   
*Enter one policy number only.  
Enter numbers only (no dashes).*

Zip Code   
*(Zip for Disability Benefits Account)*

#### Terms and Conditions

By checking the box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).



## Claim Search

Workers' compensation policyholders can grant online access to claims for their brokers of record. Please note that only the master account holder for the policyholder can grant access to the broker of record. Authorized users do not have permission to grant access. Policyholders can revoke access at any time.

*NYSIF cannot provide claims information to a broker or grant permissions to view this information.*

When a policyholder approves access, the broker of record will be notified via email of the authorization, and the policyholder and policy number will be identified. Brokers will see a new link on their customer landing page with a link to claims information once they have been granted access.

Choose "Claim Search" from your landing page. Search by policy number, claim number, WCB number (JCN) or claimant name.

### Search for a Claim

To search for a claim, fill out the information below and click 'Submit'. All fields are required unless otherwise stated.

Search By  
Policy Number

Select a Search Parameter  
Policy Number  
**Claim Number**  
WCB Number (JCN)  
Claimant Name

mm/dd/yyyy   ▼   📅   mm/dd/yyyy   ▼   📅

## By Policy

Choose Claim Search. Choose Policy Number from the dropdown. Enter a policy number; add an accident date if needed. Choose to filter by Open, Retired or All claims. This will return an alphabetical list of all claims that fit the criteria. Click the Claim Number to view details for that specific claim. You can also choose to download this information to a spreadsheet.

### Search for a Claim

To search for a claim, fill out the information below and click 'Submit'. All fields are required unless otherwise stated.

Search By  
Policy Number

Policy Number  
01234567

Accident Date From (Optional)  
mm/dd/yyyy   ▼   📅

Accident Date To (Optional)  
mm/dd/yyyy   ▼   📅

Status (optional)  
All

Direct Download

**Submit**

**Policy Number**  
01234567

**Policyholder Name**  
TESTING TESTERS, INC.

**Policyholder Address**  
229 RUSSELL STREET, ANYTOWN, NY 00000



Claimant Name	Claim Number	Unit	Status	Accident Date	WCB Number	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid	Comp Reserve	Comp Incurred	Legal Paid	Legal Reserve	Legal Incurred
Allen, John	<a href="#">98765432</a>	302	Closed	1/15/2003	4375215	\$437.06	\$0.00	\$437.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Berry, Barry	<a href="#">99887700</a>	302	Closed	7/25/2000	4896313	\$578.70	\$0.00	\$578.70	\$240.00	\$0.00	\$240.00	\$0.00	\$0.00	\$0.00
Columbus, Christopher	<a href="#">00112233</a>	301	Open	10/9/1997	00305807	\$15,411.25	\$706.75	\$16,118.00	\$91,017.15	\$21,977.85	\$112,995.00	\$0.00	\$0.00	\$0.00
Tester, Mary	<a href="#">33333333</a>	235	Closed	12/5/2000	00052012	\$7,663.13	\$0.00	\$7,663.13	\$57,120.00	\$0.00	\$57,120.00	\$0.00	\$0.00	\$0.00

Upon clicking a claim number, you will be taken to that claim's "home page." This landing page now includes payment history at the top of the page, under the claim number. Payment information is now prominently displayed, broken out by comp, medical and legal payments. More details in next section.

## By Claim Number

### Master Claims Screen Tab

Search by claim number. The search returns the Master Claims Screen tab, which contains information about the claimant, claim, payments, case manager and policyholder. It will also display the reserves at the top. Use the tabs to navigate.

### Search for a Claim

To search for a claim, fill out the information below and click 'Submit'. All fields are required unless otherwise stated.

Search By  
 Claim Number

Claim Number  
 987654

Submit

**Assured Name**  
ACME BOX CO

**Claimant Name**  
TESTER, JOHNNY

**Claim - Unit**  
987654 - 100

**Accident Date**  
10/9/1997

	Compensation	Medical	Legal
Paid to Date	\$91,017.15	\$15,411.25	\$0.00
(+) Reserve	\$21,977.85	\$706.75	\$0.00
(-) Incurred	\$112,995.00	\$16,118.00	\$0.00

Master Claims Screen
Claim Summary
Diary Screen
Notes
Reserve History
Hearing Dates

### Master Claims Screen

[Claimant Information](#) +

[Payment Information](#) +

[Policy Information](#) +

[Claim Information](#) +

[Case Manager Information](#) +

<b>Claimant Information</b>		<b>Payment Information</b>	
Claimant Name	Tester, Johnny	Compensation Last Paid Date	12/13/2019
Claimant Address	123 MAIN STREET ANYTOWN, NY 12345	Medical Last Paid Date	3/24/2014
D. O. B.	12/27/1935	Last Incurred Date	12/9/2014
SSN	XXXXX6055	Special Estimate Date	7/29/2014
Gender	Male	Special Compensation Incurred	0
Phone Number	555-555-1212	Special Medical Incurred	N/A
Occupation	N/A	Group Compensation	0
Claimant Attorney	Pasternack, Tilker , Ziegler,	Supplemental Benefits	F
Claimant Attorney (Continued)	WALSH, STANTON & ROMANO,	Initial Return To Work	N/A
Address	100 ELM AVENUE	Apportionment	No
City/State/Zip	BROOKLYN, NY 11201-5078	Average Weekly Wage	\$600.00
Attorney Phone	555-555-8989	Concurrent AWW	\$0.00
		Composite AWW	\$600.00
		Compensation Rate	\$100.00

<b>Claim Information</b>		<b>Pay Class</b>	
Claim Number	987654	HEAT AIR COND DUCT SHOP OUT&DRIVERS	
Accident Date	10/9/1997	Legal Status	No
WCB# (JCN)	G0000001	Last Hearing Date	5/25/2007
WCB/(JCN) Type	Open	Concurrent Emp	No
Cause	N/A	Wage Expectancy	No
Patient Handling	N/A	Employer Reimbursement	No
Injury Type	Other Dust	25A	N/A
Body Part	Lung, Right (53) Lung, Left (54)	Fraud	N/A
Initiating Doc	EC-84	15-8 Percentage	N/A
Claim Status	Open	3rd Party	Pursued
Date Disability Began	2/24/2000	SLU Award	No
Special Condition	No Special Condition Established	Death	N/A
Jurisdiction	New York Workers' Compensation Law	Lump Sum	No
Kind of Injury	Average value (initial system amount)	Retired	No
Question of Coverage	No	Additional Cases	Yes <a href="#">View</a>
Controverted	No	Disfigurement	No
		Classified (Y/N)	Yes
		Sec 32	No

### Policy Information

Policy Number	00112233
Policyholder Name	ACME BOX CO
Status	ACTIVE
Group	411
Principal's Name	OBEDIAH MASTERSON
Policyholder Address	1 MAIN AVE ANYTOWN, NY 12345
Policy Phone Number	555-555-7878
Inception Date	5/16/1978
Policy Date for This Claim	1/1/2015
County	Kings (Brooklyn)
Underwriting Office	Safety Office
Number of Entities	1
Number of Locations	3
Entity Number	0
Entity Name	N/A
Entity Address	N/A
Catastrophe	0
Bargaining Unit	N/A
Business Type	(01) Corporation

### Case Manager Information

Case Manager Assigned	CASEY MANAGER
Telephone	555-666-1212
Fax	555-666-1313
Email	CMANAGER@NYSIF.COM
Office Name	NYC Claims

## Claims Summary Tab

The Claims Summary tab provides details on the following:

- Compensation Paid
- Medical Paid
- Biographical Info
- Strategy/Outstanding Issues
- Investigation
- Description of Accident
- Statement Summary
- Witnesses
- Official Reports
- Consultant Reports
- Attending Physician Diagnosis
- Attending Physician Prognosis
- Additional Attending Physicians
- Other Medical Providers
- Hospital Info
- Emergency Room Report
- Surgery
- Diagnosis Testing
- Treatment Authorization
- Case Management & Rehab Services
- WCB Decision & Hearing Reports
- Litigation
- Mitigation & Subrogation
- Case Summary & Other Factors

## Diary Screen Tab

The Diary Screen tab will display diary entries, date, reason for entry and status (pending or completed).

Master Claims Screen	Claim Summary	Diary Screen	Notes	Reserve History	Hearing Dates
Claim Info		Claim Info (Continued)		Claim Info (Continued)	
Claim Number	987654	DOA	10/9/1997	Policy Number	00112233
Claimant Name	Tester, Johnny	SSN	XXXXX6055	Group Number	411
Employer Name	ACME BOX CO	DOB	12/27/1935	WCB Number	G0000001
Pending Diary Entries					
Review Date	Requested By	Reviewer	Reason	Status	
3/21/2016	H. Barnett	E-Billing Process	Check PBM eligibility.	P	
11/5/2015	H. Barnett	WCB Decisions	A AD-NSL for claim: 43115674_09664414 received	P	
4/3/2015	H. Barnett	E-Billing Process	Check CVSCaremark eligibility.	P	
3/3/2015	H. Barnett	R. Hall	Make a comp payment!	P	
<a href="#">Show All History</a>					

## Notes Tab

The Notes screen can be filtered by either Claims or Legal, and includes details from the case manager, hearings, decisions and a summary of any contact with the claimant.

Notes			
<input type="radio"/> View Claims Notes <input type="radio"/> View Legal Notes <input checked="" type="radio"/> View All Notes			
Note Type	Date	Added By	Note
Claims	9/6/2018	A. Batchtest	S32 Interest Lt/16-pt Questionnaire sent - 04/26/2018
Claims	10/7/2014	G. Moore	NO ISO MATCH.
Claims	9/24/2014	A. Batchtest	Ipratropium solution(used in nebulizer) authorized -it is c/r to COPD-lomn requested from prescriber-(there are No medical bills in med bill tab).
Claims	9/24/2014	G. Moore	PBM/CVS Budesmide(pulmicort)inhaler authorized-lomn requested.ODNCR is Chronic Obstructive Pulmonary Disease as per WCB NOD on 2/24/2006.

## Hearings Tab

Hearings for Claim		
Hearing ID	Hearing Date/Time	Completion Status
<a href="#">2685762</a>	11/13/2013 2:00:00 PM	Report Completed

## Reserve History Tab

Reserve History		
Date	Added By	Note
12/18/2012	C. Manager	Med CHG 16119 to 16118; Reserves updated.
12/22/2011	L. Watson	Med CHG 16118 to 16119; Reserves updated
6/24/2011	C. Manager	Med CHG 6118 to 16118; reflects ongoing medical treatment
3/4/2010	C. Manager	Med CHG 2861 to 4000; Reserves updated
9/18/2006	B. Jones	Med CHG 1550 to 1551; ppd
3/6/2006	L. Gardner	Comp CHG 2500 to 28600; PPD RESERVE SET FOR HEARING ON02/24/06

## By WCB Number (\*JCN)

Enter the WCB case number. Clicking the claim number will bring you to the master claims tab with full details on the claim. *\*Please note: to be consistent with WCB eClaims submissions, NYSIF has begun replacing "WCB Number" with "JCN," which stands for Jurisdiction Claim Number. "JCN" is the universal term for the claim number assigned to a claim by the adjudicating/regulatory body.*

Search by:

\*WCB# (JCN):

Policy Number: 012345678  
 Policyholder Name: ACME FENCE CO  
 Policyholder Address: 123 MAIN ST, ANYTOWN, NY 12345

Claimant Name	Claim Number	Unit	Status	Accident Date	WCB# (JCN)	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid	Comp Reserve	Comp Incurred	Legal Paid	Legal Reserve	Legal Incurred
Smith, John	<a href="#">98765432</a>	242	Open	02-SEP-2014	G987654	\$263.76	\$1,736.24	\$2,000.00	\$0.00	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$0.00

## By Claimant Name

You must enter the full last name, the date of birth and the date of accident. Clicking the claim number will bring you to the master claims tab with full details on the claim.

Search by:

- First Name:

- Last Name:

- Date of Birth:

- Accident Date:

Claimant Name	Claim Number	Unit	Status	Accident Date	WCB Number	Policy Number	Policyholder Name	Policyholder Address	Medical Paid	Medical Reserve	Medical Incurred	Comp Paid (1A&1B)	Comp Reserve	Comp Incurred
Nysif, John	01234567	242	Closed	06/03/2008	G01234567	01234567	ACME FENCE CO	123 MAIN STREET ANYTOWN, NY 12345	\$961.32	\$0.00	\$961.32	\$0.00	\$0.00	\$0.00



## Document Retrieval

Use this option to view policy info pages such as declarations, renewals, and bills. You can also view claims documents including forms, medical bills and WCB notices. (You will only see Claims in the drop down if you have been authorized access by the policyholder.

(If you have a consolidated online account, you will also see your disability benefits bills and info pages, as in the example shown.)

## Document Retrieval

### Search documents

To search documents, select document type, group number and/or NYSIF policy Number, and date range, then click Search Documents.

Select a Document Type

- Info Pages
- DP517
- SELF AUDIT
- Claim Information
- Payment Arrangement
- DBL Info Pages
- DBL Monthly Bills

## Policy Document Retrieval

For policy documents, choose the "Document Type" – Info Pages, DP517, Self-Audit or Payment Arrangement – and enter the policy number. Click the envelope or document ID to view the document.

If searching for a particular time frame, please be sure to include the transaction date in the search parameters. (Ex.: Policy renews July 1. Expand your search to include May, when the renewal would have been issued.)

The query will display the Policy Number, Assured Name, Address and Policy Period on the right side of the screen. Associated policy documents are displayed in grid format with the Envelope ID, Transaction Date, Category, Details and Description. The grid can be sorted by clicking on the column headings. Click on the Envelope ID number to view the policy document.

\* Document Type:

Rep Number:

And/Or

NYSIF Policy Number:

**Date Range**

From  To

Policy Number: 01234567

Assured Name: ACME PAINT CO

Address: 987 MAIN STREET  
ANYTOWN, NY 01010

Policy Period: 07/01/2017 - 07/01/2018

Envelope ID	Transaction Date	Category	Details	Description
<a href="#">50521942</a>	09/13/2017	Info Pages	Info Pg (non-AP, notice pmnt plan opt)	Print Info Pages_SMPL
<a href="#">50212617</a>	08/29/2017	Info Pages	Info Pg (non-AP, notice pmnt plan opt)	Print Info Pages_SMPL
<a href="#">48245807</a>	05/26/2017	Info Pages	Info Page (non-AP, conditions only)	Print Info Pages_SMPL
<a href="#">48023308</a>	05/16/2017	Info Pages	Notice-to-Post Notice Of Right To Appeal Domestic Terrorism Endorsement Terrorism Endorsement Notice of Rate Change(WC) Safety Group Endmt Interest and Service Charge Endmt Location, entity, Endmt, prem calc info	Print Info Pages_SMPL
<a href="#">36576306</a>	07/18/2016	Info Pages	Info Pg (non-AP, notice pmnt plan opt)	

\*The Date Range is limited to 3 years for DP517 documents and display

\* Document Type:

NYSIF Policy Number:

**Date Range**

From  To

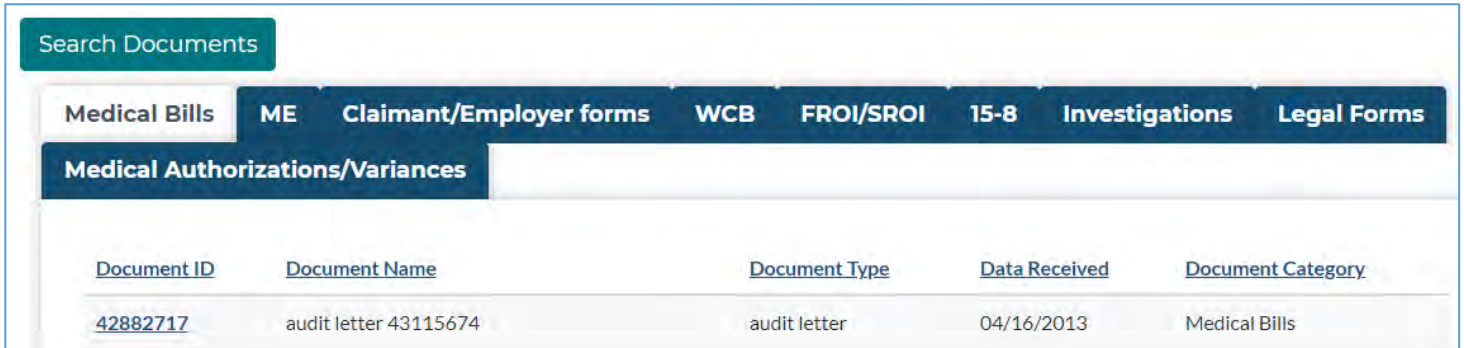
Envelope ID	Transaction Date	Category	Details	Description
<a href="#">49101663</a>	07/05/2017	Audits	Underwriting Payroll Report	PHS-PAYROLL STATEMENT
<a href="#">36485373</a>	07/15/2016	Audits	Underwriting Payroll Report	
<a href="#">36090716</a>	07/05/2016	Audits	Underwriting Payroll Report	

## Claims Document Retrieval

If you have been granted access to claims, you can also view claims documents. For claim documents, choose Claim Information in the "Document Type" dropdown menu and enter the claim number.

Tabs will display documents for these categories: Medical Bills, Medical Exams, Claimant/Employer Forms, WCB, FROI/SROI, 15-8, Investigations, Legal Forms, Medical Authorizations/Variations.

Click the envelope or document ID to view the document. Click "Date Received" to sort by date.



The screenshot shows a web interface for document retrieval. At the top left is a search bar labeled "Search Documents". Below it is a horizontal menu of tabs: "Medical Bills", "ME", "Claimant/Employer forms", "WCB", "FROI/SROI", "15-8", "Investigations", and "Legal Forms". The "Medical Authorizations/Variations" tab is currently selected. Below the tabs is a table with the following columns: "Document ID", "Document Name", "Document Type", "Data Received", and "Document Category". One row of data is visible:

<u>Document ID</u>	<u>Document Name</u>	<u>Document Type</u>	<u>Data Received</u>	<u>Document Category</u>
<a href="#">42882717</a>	audit letter 43115674	audit letter	04/16/2013	Medical Bills

## eCert Menu

Select Create/Renew Certificates under the eCert menu and you will be directed to the eCertificates Inquiry page.

## Browse Certificates

Select a policy number. The Browse page allows you to search by:


- certificate number
- name
- address
- job ID
- email address

You can also elect to have your results sorted by date or alphabetically by Certificate Holder. You may also choose to include a specific type of certificate by identifying if it includes a wrecking provision.


A search by policy number returns a table of all active certificates, listing dates and certificate holder.

Certificates									
Click on a Cert # to view the details for that certificate. To view more certificates, click "Next."									
Showing 25 Certificates									
Cert #	Create Date	Certificate Holder	Job ID	Entity #	Loc #	Start Date	End Date	Clause	View
<a href="#">922890</a>	05/23/2019	CERT_NAME	04324394-32	0	0	06/09/2018	06/09/2019	.EB...	
<a href="#">922871</a>	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	
<a href="#">922889</a>	05/22/2019	CERT_NAME	4564565	0	0	06/09/2019	06/09/2020	.EB...	
<a href="#">922887</a>	05/22/2019	STEVE SMITH	987654	0	0	06/09/2019	06/09/2020	REB...	

*TIP: Click the Adobe icon in the View column to quickly view, download and save, or print a certificate.*

Cert #	Create Date	Certificate Holder	Job ID	Entity #	Loc #	Start Date	End Date	Clause	View
<a href="#">922871</a>	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	

Click on the certificate number to view certificate details.

<a href="#">922871</a>	05/22/2019	TSIU TEST RENEW 15-16		0	0	06/09/2018	06/09/2019	..B...	
------------------------	------------	-----------------------	--	---	---	------------	------------	--------	---

### Certificate Detail

**Certificate Summary**

Policy Number	98765432
Certificate Number	922871
Policy Status	Active
Certificate Type	General
Show on Renew List	Visible

**Certificate Contact**

Policyholder	ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 00001
Certificate Holder	TSIU TEST RENEW 15-16 TEST ALBANY, NY 12211

**Certificate Status**

Create Date	05/22/2019 11:00:05 A.M.
Update Date	05/22/2019 11:00:05 A.M.
User Name (Created/Updated)	JOHN TESTER

[View Certificate](#)

**Certificate Information**

Start Date	06/09/2018
End Date	06/09/2019
Entity Number	0
Entity Name	
Entity Term Date	
Location Number	0
Location Address	
Location Term Date	
Certificate Emailed To	
✉ Certificate Holder	
✉ Policyholder	tester@nysif.com
Certificate Emailed On	
Certificate Mail-To	Policyholder
Extra-Territorial Phrase Added	No
Liability Phrase Eliminated	No
Waiver of Subrogation Added	No
Building Demolition Restricted	Yes

You can also view the PDF of the certificate from this screen by choosing "View Certificate."

## Create a New Certificate

Enter a Policy Number and click **Get Policy Info**.

The **eCertificates Create** screen will now display the policy information and the fields needed to create the certificate.

Select the entity, location and policy period requested.

### Create New Certificate

To create a certificate, select a policy number, click "Get Policy Info," and then enter the certificate details below. All fields are required unless otherwise stated.


Policy Number  
12345678

**Get Policy Info**


---

### New Certificate

Policy Number  
12345678

Policyholder Name  
ACME FENCE CO. 

**Change Entity**

Policyholder's Address  
123 MAIN STREET  
ANYTOWN, NY 00001 


**Change Location**

Policy Period

Select	Start	End
<input type="radio"/>	06/09/2017	- 06/09/2018
<input type="radio"/>	06/09/2018	- 06/09/2019
<input checked="" type="radio"/>	06/09/2019	- 06/09/2020

Enter the Certificate Holder information. If you have previously created a certificate for this business, the system will search to match it.

### Certificate Holder Information

 Please note that out-of-country certificates cannot be issued via this online system. If the Certificate Holder's address is outside the United States, please email [certificates@nysif.com](mailto:certificates@nysif.com) with your request.

Certificate Holder Name  
CERT HOLDERS COMPANY, LLC

Address Line 1  
789 ELM STREET

Address Line 2 (optional)  
SUITE 100

City  
ANYTOWN

State  
NY

ZIP Code  
00001

+4 (optional)

Matching Certificates (by name)  
No certificates were found with a matching name.



Choose your certificate options. Be sure to choose a certificate renewal plan appropriate for the project. If you anticipate a short-term project, choose "Do not renew," and it will not be available for renewal.

Certificate Options

Certificate Renewal Plan  
Select an option

Select an option  
Do not renew  
**Automatically renew for 1 year**  
Automatically renew for 2 years

Job ID (optional)  
111 SOUTH ST PROJECT

Email Certificate To  
Certificate Holder's Email (optional)  
testing@nysif.com

Automatically renewed certificates will become available when the next policy period is established.

Job ID will display on the certificate in the Certificate Holder section and can be used for searches on the Browse Certificates screen.

If you wish to provide to the certificate holder any notice of cancellation, check the box and choose the number of desired days from the drop-down. Please note that NYSIF will not provide this notification, and the policyholder named will be responsible for notifying the certificate holder.

Advance Notice of Cancellation (optional)

Add following to the certificate:

"By causing this Certificate to be issued to the Certificate Holder, the Policyholder undertakes to provide the Certificate Holder XX calendar days' notice of any cancellation of the policy."

Note: By checking this box, I am causing this sentence to be placed on the Certificate and I agree to provide the Certificate Holder with advance notice of any cancellation of the policy by the number of calendar days I have selected.

Days' Notice  
15  
Select Days' Notice  
5  
10  
**15**  
20  
25  
30

Preview Certificate

Choose "Preview Certificate."

[Preview Certificate](#)



### Preview Certificate ✕

This is a preview of your certificate.  
 If it is correct, scroll down and click "Create Certificate".  
 Once the certificate is created you can view, print and/or save the certificate.

12345678  
 ACME FENCE CO  
 123 MAIN STREET  
 ANYTOWN, NY 00001

POLICYHOLDER ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 00001	CERTIFICATE HOLDER 111 SOUTH ST PROJECT CERT HOLDERS COMPANY, LLC 789 ELM STREET SUITE 100 ANYTOWN, NY 00001
---	--

POLICY NUMBER 12345678	CERTIFICATE NUMBER *****	POLICY PERIOD 06/09/2019 TO 06/09/2020	DATE 6/19/2019
---------------------------	-----------------------------	---	-------------------

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2077 080-6 , COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

BY CAUSING THIS CERTIFICATE TO BE ISSUED TO THE CERTIFICATE HOLDER, THE POLICYHOLDER UNDERTAKES TO PROVIDE THE CERTIFICATE HOLDER 15 CALENDAR DAYS' NOTICE OF ANY CANCELLATION OF THE POLICY.

Close
Create Certificate

Click the "Create Certificate" button.

Choose the "View Certificate" button to generate the certificate PDF. Please note it will open in a new window.

### Certificate Issued ✕

Your Certificate Number 922946 has been successfully created.

To view, print, or save the certificate, click "View Certificate."

Close
View Certificate

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

\*\*\*\*\* 01234567  
ACME FENCE CO  
123 MAIN STREET  
ANYTOWN, NY 12345



SCAN TO VALIDATE  
AND SUBSCRIBE

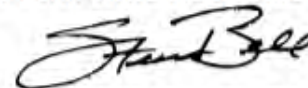
<b>POLICYHOLDER</b> ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 12345		<b>CERTIFICATE HOLDER</b> COUNTY DEPARTMENT 987 ELM STREET ANYTOWN, NY 12345	
<b>POLICY NUMBER</b> N 01234567	<b>CERTIFICATE NUMBER</b> 00000	<b>POLICY PERIOD</b> 07/01/2019 TO 07/01/2020	<b>DATE</b> 10/31/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 01234567, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

**IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 99999999

U-26.3

## Renew a Certificate

Choose the policy number. The Renew page allows you to search by:

- certificate number
- certificate holder

You can also elect to have your results sorted by date or alphabetically by Certificate Holder.

### Renew Certificates

For a full list of available certificates, select a policy number and click "Search." All fields are required unless otherwise stated.

Policy Number 98765432
Certificate Number (optional) 922871
Certificate Holder Name (optional)
Sort by Newest Issued

Continue to include advance notice of cancellation on certificates where the certificate being renewed included such language? (optional)

Note that by issuing renewed certificates containing advance notice of cancellation language you agree to provide the certificate holder with advance notice of cancellation of the policy by the number of calendar days indicated on the certificate.

[Advanced Search Options](#)

This example displays a result of search by certificate number.

### Certificates

Select the certificates to renew and click the Renew Selected Certificates button at the bottom of the page.

Showing 1 Certificates

Renew	Cert #	Period	Certificate Holder	Job ID	Entity #	Loc #	Clause	Create Date	View
<input type="checkbox"/>	<a href="#">922871</a>	06/09/2018 - 06/09/2019	TSIU TEST RENEW 15-16 TEST ALBANY NY 12211		0	0	..B...	05/22/2019	

If searching for all certificates for a policy, choose the policy and click Search. Choose the certificate(s) you'd like to renew by clicking the check box and then click "Renew Selected Certificates."

**Certificates**  
 Select the certificates to renew and click the Renew Selected Certificates button at the bottom of the page.

Showing 6 Certificates

Renew	Cert #	Period	Certificate Holder	Job ID	Entity #	Loc #	Clause	Create Date	View
<a href="#">Renewed</a>	<a href="#">922920</a>	06/09/2018 - 06/09/2019	KPK RENEWAL PLAN TEST 18-20 15 COMPUTER DR ALBANY NY 12205	AUTO RENEW 1YR	0	0	.EB...	06/05/2019	
<input checked="" type="checkbox"/>	<a href="#">922871</a>	06/09/2018 - 06/09/2019	TSIU TEST RENEW 15-16 TEST ALBANY NY 12211		0	0	..B...	05/22/2019	
<input type="checkbox"/>	<a href="#">922856</a>	06/09/2018 - 06/09/2019	TEST DBOWEN 199 CHURCH STREET NEWYORK NY 10007		0	0	.EB...	05/14/2019	
<a href="#">Renewed</a>	<a href="#">922849</a>	06/09/2018 - 06/09/2019	STEVE SMITH 123 2ND AVE TROY NY 12180	TEST	0	0	.EB...	05/07/2019	
<a href="#">Renewed</a>	<a href="#">922796</a>	06/09/2018 - 06/09/2019	TEST TWO YEAR RENEW TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	
<a href="#">Renewed</a>	<a href="#">922795</a>	06/09/2018 - 06/09/2019	TEST 1554314497851 TEST ADDRESS TESTCITY NY 12345	z-74	0	0	.EB...	04/03/2019	

[Renew Selected Certificates](#)

To renew all certificates displayed (15 per page), select the top check box in the Renew column and click the Renew Selected Certificates button.

*A renewed certificate is automatically emailed to the certificate holder if a certificate holder email is present on the detail screen.*

## Generate a Bulk PDF of Certificates

Select Create/Renew Certificates under the eCert menu and click on **Bulk Certificate Print**.


1. Enter a Policy Number. Click the arrow to render the start/end date fields active. (Note they are grayed-out in the image below. Clicking the arrow will make the field fillable.)

### Bulk Certificates

[Policy](#) [Request Recap](#)

Select certificates to include in Bulk Certificates PDF by Policy Number:

Policy Number \*

Exclude Certificate Numbers Through:

If you're working with ranges of certificates based on certificate number, use this field to filter out prior certificates. For example, if you've already created a Bulk PDF through Cert #301277, you would enter 301277 in this field to return certificates numbered 301278 or greater.

Certificates with Start Date


Any ▾

Certificates with End Date

Any ▾

2. You can choose to exclude certain certificates you may have already saved. Use the "Exclude Certificate Numbers Through" field to filter these prior certificates.
3. Set desired date range to narrow your search (optional) and click **Search**.

Policy Number \*

Exclude Certificate Numbers Through:



4. **Include all search requests:** → If you'd like to include all certificates in your bulk print, first choose **"Include all search requests"** and then **"Process Request."** (This will print all certificates that match the search parameters.)

There are 6 matching certificates.

PDF Contents

Include all search results  
 Custom selection

Process Request | ↻

OR

4. **Custom Selection:** → If you'd like to select **certain certificates**, choose **"Custom Selection"** and follow the on-screen directions. (Be sure to click **"Save Requests"** before navigating to the next page.)
- Once you have selected all certificates for this PDF document, choose **"Process Request"** at the bottom of the screen.
  - TIP:** Use the "check all" checkbox in the header row – top left – to select all certificates on the page. You can then uncheck certain boxes to exclude certificates.

There are 6 matching certificates.

PDF Contents

Include all search results  
 Custom selection

1. Select certificates from the list below to be included in the PDF.
2. Click "Save Requests."
3. Use the Next/Prev Page buttons to navigate to additional search result pages and repeat steps 1 and 2 as necessary.
4. Click "Process Request" to finalize the request. (You may also choose "Clear Requests" to reset your selections.)
5. Refer to the "Request Recap" tab for the availability of your requested document.


Cert # 1 - 6 of 6

**Certificate Details for Policy Name: ACME FENCE CO**

Page No. 1

<input type="checkbox"/>	Pol Num	Cert Num	Cert Name	Loc#	Ent#	Notice	St. Date	End Date	Clause	Req Pending
<input type="checkbox"/>	01234567	138006	CITY OF WASHINGTON			10	07/01/2012	07/01/2017	..B...	
<input type="checkbox"/>	01234567	151007	CERT HOLDERS INC.			10	07/01/2014	07/01/2017	..BL..	
<input type="checkbox"/>	01234567	153446	COUNTY CONTRACTORS			10	07/01/2015	07/01/2017	..B...	
<input type="checkbox"/>	01234567	154122	GRANT COUNTY WATER			10	07/01/2014	07/01/2017	..B...	
<input type="checkbox"/>	01234567	155371	GRANT COUNTY DEPT HEALTH			30	07/01/2015	07/01/2017	..B...	
<input type="checkbox"/>	01234567	829566	TOWN OF LINCOLN	22		10	10/24/2013	07/01/2017	..B...	

| ↻

 Job submitted for PDF generation. You can use the Request Recap screen to check on its progress.

- Select **Req Recap** in the top menu. (To limit your search results, enter a date or date range in the From Date and To Date fields. If you are seeking a previous request, enter the request number.) Click **Search**. A list of submitted requests will display.

View past requests & Download completed PDFs

Group Number

Req Num  
 If searching by Request Number, the other search fields are not used.

From Date

To Date

1 - 25 of 7793 Requests / PDF Files: 7622				Request Status			
Req Num	Grp/Pol Num	Pol Count	Cert Count	Req Made	Status	Completed	PDF Count
<a href="#">149873</a>	01234567	1	6	03/12/18 15:56	⊗ Queued	03/12/18 15:56	1
<a href="#">149872</a>	98765432	1	3	03/12/18 15:53	⊗ Queued	03/12/18 15:55	1
<a href="#">148364</a>	000111222	1	1	01/05/18 10:21	✓ Processed	01/05/18 10:35	1
<a href="#">139844</a>	999999999	1	1	03/15/17 21:06	✓ Processed	03/16/17 04:25	1

- Select the link for the **Req Num** in the search results for a processed request.

Req Num	Grp/Pol Num	Pol Count	Cert Count	Req Made	Status	Completed	PDF Count
<a href="#">139844</a>	109	1	1	03/15/17 21:06	✓ Processed	03/16/17 04:25	1

File No.	Starting Pol #	Pol Count	Cert Count	Status
1	999999999	1	1	<a href="#">Ready for Download</a>

- TIP:** If the status column indicates “Queued,” the PDF has not yet been generated. Certificate PDFs are generated every 15-30 minutes during standard business hours. On weekends and holidays, bulk certs will process on the next business day. Click “Search” to refresh the page.
  - TIP:** If you are processing a large number of certificates, it may be split across multiple PDFs, in which case the table above will list each file for download.
- Choose “Ready for Download.” Follow the browser prompts to Open or Save the file. A Print Control Page will display as the first page of the PDF file.

**PRINT CONTROL PAGE \*\*\*\*\* BEGINNING \*\*\*\*\***

Print Date: 20170406

Job Name: Cert\_NoPrint Report: CERT\_119457\_1



## Validate a Certificate

EMPLOYER	CLAIMANT	INSURAN REPRESEN
Review My Account		
Validate/Subscribe to a Workers' Comp Certificate		
Validate a Disability Benefits Certificate		

Visit [nysif.com](https://www.nysif.com), choose Employer, and choose Validate a Workers' Comp Certificate. You can also save this link as a bookmark for direct access: <https://www.nysif.com/cert/certval.asp>.

Enter the policy number and certificate number in the validation fields. Choose Validate Certificate.


Workers' Compensation Online Services > Certificate Validation

### Validate Certificate

To validate a Certificate of Insurance, enter the Policy Number and Certificate Number shown on the certificate and click "Validate Certificate." After validating the certificate, you may subscribe or unsubscribe from notifications for that certificate.

Policy Number 98765432
Certificate Number 922871

Validate Certificate

 Alert me if this policy cancels

### Certificate Validated

✓ This confirms that a Certificate of Insurance was issued with the following information:


Policy Info		Certificate Info	
Policy Number	98765432	Certificate Number	922871
Policyholder	ACME FENCE CO	Certificate Holder	TSIU TEST RENEW 15-16
Policy Period	06/09/2018 - 06/09/2019		

Notice of cancellation is only sent to subscribed Certificate Holders. Click "Manage Subscriptions" to subscribe to or unsubscribe from notifications for this certificate.

Manage Subscriptions

If the policy is not valid, a message will be returned stating:

**Invalid Certificate**

 No valid certificate found for Certificate 988765 Policy 98765432.

Please recheck the information and try again.

[I suspect my certificate is fraudulent.](#)

## Subscribe to a Certificate

Once you validate a certificate, choose the blue Alert button or the “Manage Subscriptions” button to subscribe to email or mail notifications regarding changes in the policy. **Please note: You must subscribe to receive notifications on newly created or renewed certificates.**

To subscribe to email notifications, enter your email address in the “Email to” field and re-enter it to confirm. Click Subscribe.

You will receive a confirmation message of your subscription, as well as an email confirmation to the email address entered.

### Manage Subscriptions

To subscribe to or unsubscribe from notifications for this certificate, fill out and submit the Subscription options below.

Policy Number 98765432	Cert Number 922871
---------------------------	-----------------------

Subscription Options

Subscribe to or unsubscribe from certificate?

Subscribe  Unsubscribe

Select certificate notification delivery method

Send to email address  Mail to Certificate Holder

Email Address to Subscribe

Re-enter Address to Confirm

Subscribe

[< Go to Certificate Validation](#)

✓ Thank you for subscribing to electronic notifications for Certificates of Insurance from the New York State Insurance Fund. Please be sure to add `certificate_notifications@nysif.com` to your approved sender list in your email to avoid notifications going to your Spam folder.

Certificate holders can subscribe to mail notifications. Select the radio button next to Mail to Certificate Holder and click Subscribe. Mail notifications will be sent to the address listed on the certificate. No further action is required.

Subscription Options

Subscribe to or unsubscribe from certificate?

Subscribe  Unsubscribe

Select certificate notification delivery method

Send to email address  Mail to Certificate Holder

Subscribe

To unsubscribe, follow the validation steps, choose Manage Subscriptions and click “Unsubscribe.” Please note that you cannot unsubscribe from Mail Subscriptions.

# NYSIF Online Quote Management

Choose "Get a Quote or Apply for a Policy" from your landing page. To view a quote, click the [Quote#](#).

## Online Quote Request

You have at least one authorized user account. You may manage those quotes here, or you can [hide these options](#).

Option

User

\$ Get a Standard Quote

🏠 Get a Domestic Worker Quote

Quote Requests			
Quote #	Employer Name	...	
<a href="#">5241521</a>	ABC BOX CO	Status:	New Quote
		Received:	11/06/2019
<a href="#">5241404</a>	NAYAK'S INC	Status:	Quote Created
		Received:	10/28/2019
		Expires:	12/27/2019
		Options:	<span style="color: red;">➔ Continue to Online Application</span>
<a href="#">5241345</a>	NANCY TEST 1025A	Status:	Awaiting Signature
		Received:	10/25/2019
		Expires:	12/28/2019
		Options:	<a href="#">📄 View Application</a> <a href="#">✉ Resend eSignature Request</a>
<a href="#">5241358</a>	NANCY TEST 1025B	Status:	Application e-Signed
		Received:	10/25/2019
		Expires:	12/24/2019
		Options:	<a href="#">📄 View Application</a> <a href="#">💰 Pay Premium Deposit Online</a>

## Managing Quotes as the Master Account Holder

The master account holder will be able to view quotes for each of his or her authorized users. Please note that all quotes associated with the master account will **not** be viewable in the same table. You must choose a user's account to view that person's submitted quotes.

### View a User's Quote Requests

In the Option dropdown menu, choose "View requests from user." In the User dropdown menu, choose the user. Click **Go**.

You have at least one authorized user account. You may manage those quotes here, or you can [hide these options](#).

Option

User

Currently displaying quotes for "lovell (self)"

\$ Get a Standard Quote

🏠 Get a Domestic Worker Quote

The screen will display all quotes assigned to that user.

You have at least one authorized user account. You may manage those quotes here, or you can [hide these options](#).

Option User

View requests from user authuser4 Go

Currently displaying quotes for "authuser4"

[\\$ Get a Standard Quote](#) [🏠 Get a Domestic Worker Quote](#)

Quote Requests			
Quote #	Employer Name	...	
<a href="#">5236642</a>	HIGH SECTION 93 LLP	Status:	Policy Created
		Received:	05/03/2019
		Expired:	07/02/2019 📅
		Options:	<a href="#">View Application</a>
<a href="#">5236639</a>	NYSIF TESTING, INC.	Status:	Submitted - Mail Application
		Received:	05/03/2019
		Expired:	07/02/2019 📅
		Options:	<a href="#">View Application</a>
<a href="#">5236411</a>	TSIU TEST	Status:	Policy Created
		Received:	04/23/2019
		Expired:	06/22/2019 📅
		Options:	<a href="#">View Application</a>

## Move/Assign Quotes to Authorized User Accounts

**NYSIF now allows you to move specific quotes from user to another.**

1. Choose "View Requests from user" from the Option dropdown. Choose "User" to see the quote requests assigned to a person. Click Go. The screen will confirm "Currently displaying quotes for ..."

You have at least one authorized user account. You may manage those quotes here.

Option User

View requests from user Broker1 (self) Go

Currently displaying quotes for "Broker1 (self)"

2. Now, change the Option drop down to "Move these quotes to user" and select a new user in the User drop down.

You have at least one authorized user account. You may manage those quotes here.

Option User

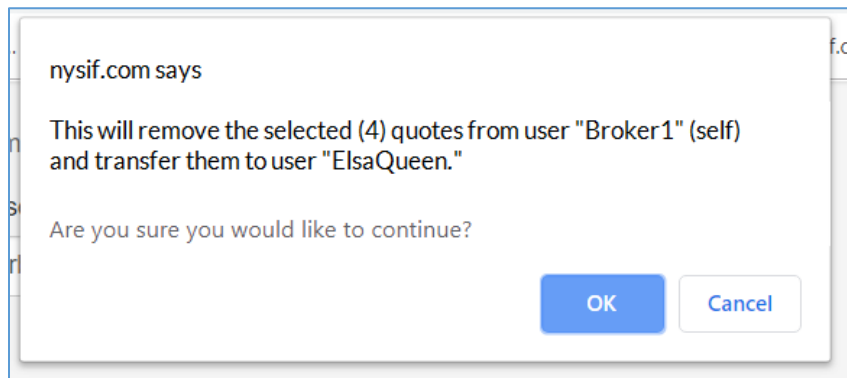
Move these quotes to user 
 Broker1 (self)  
 ElsaQueen  
 Agent1
  Go

Currently displaying quotes for "Broker1 (self)"

3. Scroll down to your table of quotes. A checkbox is now available next to the quote number. Select the quotes you'd like to reassign (in this example, to ElsaQueen). Click **Go**.

<input checked="" type="checkbox"/> <a href="#">5236639</a>	TESTING CORP	Status: Submitted - Mail Application Received: 05/03/2019 Expired: 07/02/2019	Options: <a href="#">View Application</a>
<input checked="" type="checkbox"/> <a href="#">5236411</a>	ACME FENCE CO	Status: Policy Created Received: 04/23/2019 Expired: 06/22/2019	Options: <a href="#">View Application</a>
<input checked="" type="checkbox"/> <a href="#">5235237</a>	TSIU TEST	Status: Policy Created Received: 04/23/2019 Expired: 06/22/2019	Options: <a href="#">View Application</a>
<input checked="" type="checkbox"/> <a href="#">5235383</a>	ABC BOXES, INC.	Status: Submitted - Mail Application Received: 03/01/2019 Expired: 04/30/2019	Options: <a href="#">View Application</a>

4. A pop-up message will ask you to confirm your action. Click OK. (Depending on how many quotes you are moving, this process may take several seconds.)



5. The system will confirm the move. Click OK.

6. To view these requests, choose "View requests from" and the second account.

**Please note:**

- The master account holder will have read-only access when viewing a user's quote; only the current owner of the quote can modify it.
- Authorized users can see only their own quotes.
- If an authorized user account is deleted, any and all quotes will be automatically assigned to the master account.



# Request a Worker's Comp Standard Quote

Choose "Get a Quote or Apply for a Policy" from your landing page. Choose "Get a Standard Quote."

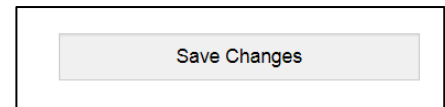


## What Will I Need?

To obtain a workers' compensation quote, please have the following information available:

- Business name and type (e.g. LLC, Corporation, Partnership, etc.)
- Estimated annual payroll, including casual labor, 1099 forms and any payments to uninsured subcontractors
- Payroll verification (copies of NYS Form NYS-45-MN and/or federal Form 941 for the last four quarters)
- Prior workers' comp insurance information, including loss experience (if applicable)

## Saving your quote





If you are unable to complete and submit your quote at any point in the process, save your form and you will be able to return to it later by logging into your online account. We recommend saving your form periodically while you are entering information.

## 1. Enter the Effective Date

Requested effective date of insurance


The earliest effective date is the day after you submit a fully completed application and the required deposit premium.

Requested Effective Date    12:01 A.M., Eastern Standard Time

## 2. Enter Employer Information

**Business (Employer) Information**

Please provide the following information about the business.

Business Type	<input type="text" value="-- Select --"/>
Business Name	<input type="text"/>
Business Email	<input type="text"/> 
Business Telephone	<input type="text"/>
Federal Tax ID	<input type="text"/> <a href="#">GOV</a>

Is this a newly formed business?  Yes  No

Age of Business  yr.

"Yes" indicates the business has no prior coverage and/or reported payroll history of any kind & has not operated under any other entity.



### 3. Enter Owner/Officer Information

**Owner/Officer Information**

Please provide information on the sole proprietor, all executive officers, partners, elected or appointed officials, or members of governing boards, if applicable. List all such persons, regardless of whether they will be covered.

**Owner Information**

Name

Title

Duties

Primary Telephone

Email

Annual Salary

Cover this individual?  Yes  No

[Add a second owner](#)

#### Add a second officer or owner

Cover this individual?  Yes  No

[Add a second owner](#)

Choose "Add a second owner" or "Add a second officer" if necessary. You can also add a "second partner" or "second member" if applicable.

If you need to remove an officer or owner, click the red box where you added the additional owner/officer. The information will be removed.

Name


Officer information removed


## 4. Enter Address & Work Locations


### Addresses & Work Locations

**Mailing Address**

Please provide the mailing address of the employer.


Address Line 1   Include Suite/Apt. when appropriate.


Address Line 2  


City/State/Zip    


**Business Locations**

List all New York business locations to be covered.  
A post office box (P.O. Box) is not acceptable as a location. Only New York State locations can be covered.

Main Work Location  

Street Address  

City/State/Zip    


Number of Employees  


[Add a second work location](#)

### Additional Locations

Add additional work locations as necessary. To remove, click the red box.

### Additional Work Location



Street Address  


## 5. Other Entities

### Other Businesses (Entities)


List all other businesses (employers) that you are seeking to cover under this policy. This means any business requiring coverage under this policy that operates under a different FEIN (Federal Employer Identification Number) and/or a separate set of payroll records. For each additional business listed, required forms must be submitted to determine whether it meets the requirements to be written under a single policy.

Are there additional entities to be covered?  Yes  No

**Business information**

Business Type  

Business Name

Business Telephone  

Federal Tax ID  [Don't have one? You can get an FEIN from IRS.GOV](#)

## 6. Workers' Comp History

Please note:

- If any current relationship exists, NYSIF is not required to issue a policy until all unpaid billed premium on the prior policy is paid.
- If the employer had a prior NYSIF policy that was cancelled, NYSIF is not permitted to issue another policy while any billed premium on that prior policy remains uncollected.

Enter prior coverage information. If you would like to add an additional policy year, choose "Add a second policy year."

### Workers' Comp History

Have the employer(s) seeking coverage or their executive officers, partners, elected or appointed officials, or members of governing boards been insured for workers' compensation? If yes, please provide the employer's workers' compensation experience for the latest five years.

Yes  No

#### Prior Coverage Information

Policy Year	<input type="text" value="Year"/>
Annual Premium	<input type="text" value="\$"/> <input type="text" value=".00"/>
Optional Information	<input type="text" value=""/> <input type="button" value="Total Incurred Cost or Number ("/> <input type="button" value="More"/>

[Add a second policy year](#)

These amounts can be found on your loss runs from your current workers' compensation carrier.

A copy of loss runs and audit bills from prior insurers will be required.

## Employer Rating History

Please enter employer's NYCIRB number, latest experience modification factor and the effective rating date.

### Employer Rating History

If known, please enter employer's NYCIRB number, latest experience modification factor and the effective rating date.

NYCIRB #	<input type="text"/>
Experience Modification Factor	<input type="text"/>
Effective Rating Date	<input type="text" value="mm/dd/yyyy"/> <input type="button" value=""/> <input type="button" value=""/>

## 7. Business Description

Be as thorough as possible when entering your business description. Include all aspects/ operations of your business.

### Business Description

Describe business operations

ex. "Tavern (150 seat) open 11 am to 4 am daily - no prepared food - no entertainment"

0/512

If the employer is a manufacturer include the raw materials, process, products and equipment used or produced. If the employer is a contractor or engaged in construction then describe the type of work performed including the work performed by subcontractors. If engaged in merchandise, wholesale or retail trade, describe the merchandise sold, types of customers and deliveries. If engaged in a service business describe the type of service performed and location(s) of such service. If engaged in farming include acreage, types and numbers of animals, machinery used and subcontracts.

## 8. Payroll Information

If you'd like, you can choose a Description filter to help narrow down your class code options. In the description field, start typing a key word that best identifies the class code you are seeking.

### Payroll Information

Please list your estimated annual payroll by the type of work and duties for all your employees. If the official(s) has elected to be excluded from coverage, **do not** include their annual payroll.

Payroll information

Description	Payroll Description
Duties	Select a Description <input type="text" value="Search"/> <input type="button" value="Clear"/>
Number of Employees	
Annual Payroll	Agriculture/Natural Resources/Mining (Crop, Animal, Fishing & Forestry) 2081 - Butchering or Slaughtering 2111 - Canneries 8810 - Clerical Office Employees (Not Otherwise Classified) 8809 - Executive Officers 0050 - Farm Machinery Operation-by Contractor

If you know the class code, you can also enter that directly.

Enter number of employees, annual payroll and additional payroll groups as needed.

Payroll Description

Select a Description

Professional and Office Services

**8820 - Attorney (Includes All Employees)**

8810 - Clerical Office Employees (Not Otherwise Classified)

8803 - Clerical Service Contractors: Traveling

## Subcontractor and Other Employer Information

If you hire or lease an employee who is not covered by a valid workers' compensation policy, you will be liable for their coverage. Please let us know if there are any such workers, regardless of their coverage.

**Subcontractor and Other Employer Information**

If you hire or lease an employee who is not covered by a valid workers' compensation policy, you will be liable for their coverage. Please let us know if there are any such workers, regardless of their coverage.

We use subcontractors, independent contractors or 1099 employees.

We lease employees to or from other employers.

## Submitting your quote

Once you have completed all fields, choose **Review**. You will be able to view your quote request in its entirety and print if needed.

➔

If your application is incomplete, you will receive the error message below. Click Close, and the error/missing info will be identified.

Invalid or incomplete information ✕

Please resolve any of the validation messages before continuing.

If you are ready to submit your request, check the box certifying the information is correct and choose **Get a Quote**.

I certify the above information is correct and true to the best of my knowledge.

## Confirmation of Submission of Quote

Once submitted, a confirmation screen will display your quote ID and contact information for the underwriter assigned to your quote.

[eQuote](#)   Request a Quote   Submitted

**Thank you for sending your quote request to NYSIF.**

Your Quote ID is 5227859.  
You should expect the Underwriter to contact you within two full business days via phone or email.

Please email or fax your loss runs, payroll verification, and any other pertinent documentation to the designated Underwriter.

Please note that you must include the Quote ID on the cover sheet of a fax or the subject/body of the email.

Underwriter
John Nysif Underwriter - New York State Insurance Fund E-Mail: jnysif@nysif.com Phone: (518) 123-4567 Fax: (518) 123-4568

Once your quote is submitted, you will be able to view it via your online account. Visit nysif.com, log in, and choose "Get a Quote" from your landing page. The quote will appear there.

Please note you will not be able to edit the quote request once it has been submitted.

**Request a Workers' Compensation Quote** Ref #5227859

This quote request has been submitted. No further changes may be made.



## Applying for Coverage Online

Choose "Get a Quote or Apply for a Policy" from your landing page. Click "[Continue to Online Application](#)" to complete an application for your client.

Quote Requests			
Quote #	Employer Name	...	
<a href="#">5237914</a> 🏠	ACME FENCE CO	Status:	Quote Created
		Received:	07/09/2019
		Expires:	09/07/2019
		Options:	<a href="#">Continue to Online Application</a>
<a href="#">5237901</a>	JOHN TESTING	Status:	Application e-Signed
		Received:	07/01/2019
		Expires:	08/30/2019
		Options:	<a href="#">View Application</a> <a href="#">Pay Premium Deposit Online</a>
<a href="#">5237871</a>	TESTING, INC	Status:	Policy Created
		Received:	07/01/2019
		Expires:	08/30/2019
		Options:	<a href="#">View Application</a>

1. Complete the application.
2. The box to electronically sign and pay online will be checked by default. **If you uncheck this box, the employer must print the application and mail it with a check for the deposit.**
3. Identify the signer and agree to NYSIF's User Agreement. Click **Submit**.

### Apply for Coverage

Electronically sign and pay online.  
Please note that completing the process online will expedite processing.

Identify the signing employer:

DANIEL NYSIFTEST (testing@nysif.com)

We will notify the signer via email.

Thank you. Please wait while we prepare the application for an electronic signature.

This process may take up to 2 minutes. Please do not refresh this page, close your browser, or navigate to another page.

Preparing

A message will display verifying that the application has been submitted.

ATN #: 000111222

Thank you for submitting the application for workers' comp insurance on behalf of **ACME FENCE CO.**

NYSIF has sent an email to DANIEL NYSIFTEST at testing@nysif.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 email is not received.

Pay Online
Quote List

The client will receive an email with a link for eSignature completion via DocuSign. The employer must click the link in the email and enter the zip code of the business for which the quote was created.

**TIP:** For an out-of-state business, enter the zip code of the main New York State location.

## Request a Domestic Household Workers' Comp Quote

Choose "Get a Domestic Worker Policy Quote."

The two classifications of domestic workers are inside and outside. They are further categorized by the number of hours they work a week.

Inside domestic workers are employees exclusively engaged in household or domestic work primarily performed inside the house. Examples: cook, housekeeper, home health aide, babysitter

- **Code 0913** Inside domestic who works more than 20 hours per week.
- **Code 0908** Inside domestic who works 20 hours or less per week.

Outside domestic workers are employees exclusively employed in household or domestic work primarily performed outside the house. Examples: private driver, gardener

- **Code 0912** Outside domestic who works more than 20 hours per week.
- **Code 0909** Outside domestic who works 20 hours or less per week.

### Contact Information

All fields are required unless otherwise stated.

#### Your Information

  
  
  
Select a Job Title ⌵  
  
Numbers only - include area code

### Choose Username and Password

All fields are required unless otherwise stated.

  
  
Password must contain at least 10 characters and include at least one of each: uppercase [A-Z], lowercase [a-z], numeric [0-9] and special [~!#@\$%+?] characters  
  

### Terms & Conditions

By checking this box, I agree to the New York State Insurance Fund's [User Agreement](#) and [Privacy Policy](#).

# Domestic Household Worker – Quote Request

Save

Fields marked with an asterisk ( \* ) must be completed to submit the page.

1.\* Requested effective date of insurance: \*11/07/2019 (mm/dd/yyyy) 12:01 A.M., Eastern Standard Time.

2.\* Please list the type of work and duties for all your employees:

Description	Duties	Number of Employees	
Type of Domestic worker - Select	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>

- 3.\* Domestic Part Time - Inside
- Domestic Part Time - Outside
- Domestic Full Time - Inside
- Domestic Full Time - Outside

Last Name	Telephone #	E-mail:	
*	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>

3a. Federal Tax ID : \*999999999 [How to obtain a Federal Tax ID Number \(EIN\)](#)

3b. NYS Unemployment Insurance #: 999999999

4. What is the employer mailing address?

Address: \*  (street name and suite#)  
  
 City: \*  State: \* NY  Zip: \*

5.\* List all business locations to be covered in New York State: (P.O. Box is not acceptable as a location. Only New York State locations can be covered.)

Address (List the main work location on the first line)	City	State	Zip Code	Number of Employees	
*	*	* NY <input type="button" value="v"/>	*	*	<input type="button" value="Add"/> <input type="button" value="Clear"/>

6.\* Do you have a representative?  yes  no

Please enter information on your representative:

Name:  Group Number: \* 90   
 Address:  (street name and suite#)  
  
 City:  State: NY  Zip:   
 Telephone:  E-Mail:

Once you submit, you will receive an instant quote for domestic policy coverage. Follow the steps in the standard quote process to apply and pay online.

## Forms

### Create a C-105 (Notice of Compliance)

Workers' comp law requires every covered employer to post a printed notice of compliance in each workplace notifying employees that the employer has workers' compensation coverage. A broker can generate such a notice for a policy by entering the policy number.

### C-105 Notice of Compliance

Policy Number(numbers only):

C-105 options for policy number: 0123456-7  
 Policy Status: Active  
 POLICYHOLDER POLICIES, INC  
 111 MAIN STREET  
 ANYTOWN, NY 00000

Form	Description	Print
C-105	To download Notice of Compliance - size 8 1/2" X 11" - As per <a href="#">Workers Compensation Law Section 51</a> , conspicuous posting of this notice is required by all employers in compliance with WCL rules & regulations stating they have secured the payment of compensation [insurance] to his/her employees and their dependents.	

### Prescription Benefits

Employers are required to provide an injured employee a Claimant Information Packet upon notification of a workplace injury. Included in that packet is a Prescription Services ID card the employee can use to obtain medication for the workplace injury. A broker can generate this card by entering the policy number.

### Prescription Benefits (PBM)

Policy Number(numbers only):

Prescription Benefits (PBM) Form options for policy number: 33333333  
 Policy Status: Active  
 ACME FENCING CO  
 CITY, NY

Form	Description	Print
Workers' Compensation Temporary Prescription Services ID	Employees injured at work under your policy should bring the completed form to any pharmacy participating in the 'Express Scripts' with CareComp Network of CVS Caremark, along with their prescription(s).	
Important Notification Concerning Workers' Compensation Pharmacy Benefits	<ul style="list-style-type: none"> <li>• Post on employee accessible intranet or Internet website, or</li> <li>• Post in the same location where the Notice of Workers' Compensation Coverage is posted, or</li> <li>• Distribute a paper or electronic copy of the PBM Notice to all of your employees in New York State</li> </ul>	

## Billing

### View Monthly Bills

Select this option to view premium bills associated with a policy. Click on the bill number to view details.

### Monthly Bills

Policy Number

## ACME FENCE CO

Policy Status: Active

Bill Date	Previous Balance	Payment Received	Other Credits	New Charges	Other Debits	Balance Due	Minimum Due	Bill Number	Download
10/30/2018	\$ 30,970.66	\$ 0.00	\$ 0.00	\$ 230,136.32	\$ 0.00	\$ 261,106.98	\$ 261,106.98	55973729	
09/28/2018	\$ 30,869.78	\$ 0.00	\$ 0.00	\$ 100.88	\$ 0.00	\$ 30,970.66	\$ 30,970.66	55828146	
08/30/2018	\$ 30,768.90	\$ 0.00	\$ 0.00	\$ 100.88	\$ 0.00	\$ 30,869.78	\$ 30,869.78	55690057	
07/30/2018	\$ 29,900.49	\$ 0.00	\$ 0.00	\$ 868.41	\$ 0.00	\$ 30,768.90	\$ 30,768.90	55544011	

# Policy Menu

## Account Summary

Choose "Account Summary" from the Policy menu. Enter a policy number.

### Account Summary

Policy Number  
01234567

[Get Summary Information](#)

ACME FENCE CO  
123 MAIN STREET  
ANYTOWN, NY 12345

Policy Status: Active

Summary Information for Policy Number : 01234567  
Current Policy Period 11/30/2017 - 11/30/2018

[Summary Information](#)   [Previous Payments](#)   go to [Monthly Bills](#) ➔

Policy No:	01234567
Policy Status:	ACTIVE
Current Balance:	25,550.99
Last Payment Posted:	
Last Payment Posted on:	
Minimum Amount Due Now	25,550.99
Information as of:	02/06/2018
Next Statement Date:	02/28/2018

Minimum Amount Due includes past due amount of \$24,681.09

Monthly Statement may or may not be mailed if you have a credit balance, or owe less than \$30.

[Pay your bill](#)

View previous payments and monthly bills using the top tabs.

[Summary Information](#)   [Previous Payments](#)   go to [Monthly Bills](#) ➔

Description	Date	Amount
Payment	01/24/2018	1,236.77 CR
Payment	12/21/2017	1,279.39 CR
Payment	11/20/2017	1,184.05 CR



## Earned Premium Audit

From your landing page, choose "Earned Premium Audit" from the Policy menu.

Enter the policy number to be reviewed and click submit.

The NYSIF Renewal Date may be selected as an additional filter.

### Earned Premium Billing Audit Inquiry System

Please Note: Exit Interview Forms and Audit Worksheets, if available, are viewable on this portal for the last 4 Renewal Dates only.

NYSIF Policy Number

NYSIF Renewal Date

For each audit, the query displays:

- Audit Number
- Issue Date
- Status (of audit)
- Audit Period
- Group Number (of policy)
- Auditor
- Exit Interview Form (if available)
- Audit Worksheet (if available)

### Earned Premium Billing Audit Inquiry System

Please Note: Exit Interview Forms and Audit Worksheets, if available, are viewable on this portal for the last 4 Renewal Dates only.

NYSIF Policy Number  
999999999

NYSIF Renewal Date  
(All Renewal Dates) ▼

List Of Audits For Policy

Policy Number: 99999999  
 Renewal Date: (All Renewal Dates)  
 Audit Number: 0123456789  
 Pay Plan: Quarterly  
 Audit Count: 1  
 Location Count: 1  
 Rating Date:

Audit Number	Issue Date	Status	Audit Period	Group Number	Auditor	Exit Interview Form	Audit Worksheet
<a href="#">12345678</a>	05/10/2017	Released to PAD	10/02/2013 - 10/02/2014	90	JAMES Nysif	<a href="#">view</a>	<a href="#">view</a>
<a href="#">98765432</a>	10/08/2010	Released to PAD	10/02/2009 - 10/02/2010	90		N/A	N/A
<a href="#">00011122</a>	10/05/2009	Billed	10/02/2008 - 10/02/2009	90		N/A	N/A
<a href="#">55555555</a>	10/03/2008	Billed	10/02/2007 - 10/02/2008	90		N/A	N/A
<a href="#">11111233</a>	10/03/2007	Billed	10/02/2006 - 10/02/2007	90		N/A	N/A
<a href="#">00000078</a>	10/06/2006	Billed	10/02/2005 - 10/02/2006	90		N/A	N/A

For details about an audit, click the audit number. A page will open displaying details about the audit. Click close to go back to the previous screen.

Audit Serial Number: 12345678

<b>Review Type</b>	N/A	<b>Total Payroll</b>	\$0.00	<b>Billed</b>	N/A
<b>Policy Name</b> C		<b>Other Payroll</b>	N/A	<b>Auditor Name</b>	JAMES NYSIF
<b>Policy Number</b>	99999999	<b>Audit Appointment Date</b>	N/A	<b>Auditor Number</b>	2
<b>Group Number</b>	90	<b>Audit Status</b>	Active	<b>History</b>	N/A
<b>Renewal Date</b>	10/02/2013	<b>Audit Process Dates</b>		<b>Audit Start Date</b>	10/02/2013
<b>Rating Date</b>	N/A	<b>Created</b>	05/10/2017	<b>Audit End Date</b>	10/02/2014
<b>Policy Status</b>	ACTIVE	<b>Completed</b>	N/A	<b>Period End Date</b>	10/02/2014
<b>Pay Plan</b>	Quarterly	<b>Payroll Audit Review</b>	N/A	<b>Bill Code</b>	N/A
<b>Class Lines</b>	1	<b>Underwriting Review</b>	N/A	<b>Location Count</b>	1
				<b>Audit Rating</b>	N/A

Line Number	Class Code	Region	Payroll	Rate
1	8044		\$0.00	\$5.58



**Exit Interview Form**

Click "View" under Exit Interview to view those documents.

**PAD EXIT INTERVIEW FORM - AUDIT**

<b>Policyholder:</b> ACME FENCE COMPANY		<b>Policy Number:</b> 12345678
<b>Audit Number:</b> 666666-6	<b>District Office:</b> Z	<b>Group Number:</b> 109
<b>Audit Period:</b> 07/01/2014 to 07/01/2015	<b>Auditor:</b> A PADTEST1	<b>Audit Date:</b> 04/06/2017

**1. Payrolls were classified in the following categories: (All entities included)**

Class Code	Class Description	Audited Payroll	Declaration/Renewal Payroll	Payroll Difference	Manual Rate	Premium Difference
4558	PAINT MFG--U	\$104,000.00	\$156,700.00	(\$52,700.00)	5.03	(\$2,650.81)
8809	EXECUTIVE OFFICERS N.O.C. ETC-U	\$45,000.00	\$46,800.00	(\$1,800.00)	0.32	(\$5.76)
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$11,000.00	\$12,000.00	(\$1,000.00)	0.31	(\$3.10)

**Premium Difference (Manual Rate): \$ -2,659.67**

**Note:**

- A- The above numbers are subject to review and are only a comparison of the Manual Premium(s) on this policy's declaration/renewal to that of this completed audit, and only for the above policy period. They do not represent the final premium. They are provided to give you a better understanding of the impact of this audit. Manual Premium does not include any adjustments to premium such as Experience Rating Credit or Charge, NYSIF Discount or Charge, Expense Constant, Terrorism Premium, Natural Disaster and Catastrophe Premium, Assessment Charge, Short Rate Premium, NY Construction Class Credit, WPS Premium Surcharge. In addition, the above numbers, do not include charges for Uninsured Subcontractors (if any), nor do they consider outstanding balances consisting of bills for prior, current and future periods. Your audit bill will include all applicable credits and charges and will show your actual premium for the policy period.
- B- Any credits or charges generated on audit will be added or subtracted from your current outstanding balance.
- C- If audited payrolls are significantly different from the current renewal, your current policy premium may be subject to rebill adjustment.

**2. Executive Officers, Owners, Partners, LLC Members (Principals) were classified in the following categories:**

Class Code	Officer/Principal	Title	Duties	Amount Included
8809	JOHN ACME	President	Office Admin and Management	\$45,000.00

**3. You will be charged an additional \$ 0 in manual premium for uninsured subcontractors. See list attached.**

**Note: Charges for uninsured subcontractors may be deleted by submitting a valid New York Workers' Compensation Certificate to NYSIF. (See "Send certificates to" on this form for address)**

**4. The following items were applied and/or explained:**

- A- Payroll separations and employees classification  Yes  N/A
- B- Changes in operation/classification  Yes  N/A
- C- Overtime Credit  Yes  N/A
- D- Payroll Limitation Credit  Yes  N/A
- E- Wrap-Up Work  Yes  N/A
- F- Casual labor  Yes  N/A

## Audit Worksheets

Click "View" under Audit Worksheet to view those documents.

THIS IS A COPY OF THE AUDIT COMPLETED BY A PADTEST1 ON 04/06/2017. WE VALUE YOU AS A CUSTOMER AND APPRECIATE YOUR BUSINESS. PLEASE CALL ME IF I CAN BE OF FURTHER ASSISTANCE.

**Audit Number:** 987654  
**Audit Period:** 07/01/2014 - 07/01/2015

**Policy Number:** 12345678  
**Policy Period:** 07/01/2014 - 07/01/2015

**Assured Address:**  
Acme Fence Company  
123 Main Street  
City, NY 11111  
**Phone:** 518-555-1212

**Audit Address:**  
Johnson CPA  
456 Elm Street  
Anytown, NY 00000  
**Phone:** 518-222-5151

**Entity:** Acme Fence Co Inc

### EXECUTIVE OFFICERS

Title	Name	Gross Payroll	Amt. Included	Code	Description Of Duties
President		45,000	45,000	8809	Office Admin and Management

**Audit No:** 666666-6  
**Policy No:** 12345678

**Assured:** ACME FENCE COMPANY  
**Entity:** ACME FENCE CO INC.

### PAYROLL DETAILS

A	B	C	D	E	F	G	H
(+/-) Total			(-)	(-)	(-)	(-)	(-)
Class Code		9501	8809	9501	8810	8742	8810
Territory		T9	T9	T9	T9	T9	T9
Title			President				
Name/Desc			JOHN ACME	reclassified from maNAGERS	managers	customer relation	admins
Jul/2014	\$512,399	\$0	\$19,320		\$46,123	\$21,244	\$19,204
Aug/2014	\$651,706	\$0	\$24,038		\$59,000	\$26,875	\$21,430
Sept/2014	\$654,602	\$0	\$41,665		\$59,577	\$24,576	\$24,722
october 2014	\$539,676	\$0	\$19,320			\$22,367	\$35,840
Total	\$2,358,383	\$0	\$104,343		\$164,700	\$95,062	\$101,196
Officers Adjust			\$34,200				
Other Adjust.				\$32,940	-\$32,940	-\$1,219	-\$28
Const. P.L.							
Charge		\$0	\$34,200	\$32,940	\$131,760	\$93,843	\$101,168

**Audit No:** 666666-6  
**Policy No:** 12345678

**Assured:** ACME FENCE COMPANY  
**Entity:** ACME FENCE CO INC

### RECONCILIATION

SUMMARY				RECONCILIATION		REPORTS		
Terr.	Code	Fed	Rated As	Payroll	Description	Values	Description	Values
9	9501	N		\$933,452	Total summary payroll	\$2,224,458	3q14	\$1,818,707
9	8809	N		\$34,200	Prior period	\$0	october 2014	\$539,676
9	8810	N		\$311,271	Subsequent period	\$0		
9	8742	N		\$93,843	Adjustment for Class [9501]	-\$7,606		
9	4511	N		\$434,708	John Acme, president	\$70,143		
9	3372	N		\$416,984	Adjustment for Class [8810]	\$32,968		
					Adjustment for Class [8742]	\$1,219		
					Adjustment for Class [4511]	\$4,123		
					Adjustment for Class [3372]	\$33,078		

## Endorsements

Clicking on the Endorsement Name will display the endorsement text.

List of All Endorsements

### Endorsements On A Policy

NYSIE Policy Number

**Policy Number:** 01234567  
**Assured Name:** ACME FENCE CO  
**Address:** 123 MAIN STREET  
 ANYTOWN, NY 11111  
**Issue Date:** 02/29/2018

End #	Name	Start Date	End Date	Terminate Date	Replacement End #	Seq #
99	SPECIAL ENDORSEMENT (EXCLUDING COVERAGE)	12/7/1999				1
106	Notice Of Terrorism Insurance Coverage.	11/30/2002	11/30/2003			1
109	NOTIFICATION ENDORSEMENT: TRIA-PLC.	11/30/2005	11/30/2006			1
90	INDIVIDUAL / CO-PARTNER INCLUSION	7/15/2010				1

**Endorsement Number:** 106  
**Endorsement Name:** Notice Of Terrorism Insurance Coverage.  
**Endorsement Text:**  
 Notice Of Terrorism Insurance Coverage (TRIA)

Coverage for acts of terrorism is already included in your current policy. You should know that, effective November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would be partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The portion of your annual premium that is attributable to coverage for acts of terrorism is: .34

Choose the "List of All Endorsements" button to display the full list.

### List of All Endorsements

Endorsements

- 1 --- AUTO RACING
- 2 --- DOMESTIC SERVANTS
- 3 --- EXCLUDED LOCATION
- 4 --- EXTRATERRITORIAL
- 5 --- FOREIGN STATES EMPLOYEES- WORKING IN NYS
- 6 --- FARMS - EXCLUSION SPOUSE/MINOR CHILDREN
- 7 --- FARMS-ELECTV COVRG SPOUSE/MINOR CHILDREN
- 8 --- FARMS - LABOR CONTRACTOR
- 9 --- FLIGHT CREW
- 10 --- JOINT VENTURE
- 11 --- MANAGING AGENT
- 12 --- OFFICERS-EXCL CVG-MUNICPLS & POL SUB-DIV
- 13 --- OFFICERS/EXEMPT EMPLOYEE-EXCL COV, NON-PFT
- 14 --- ELECTIVE COVRG OFFICERS/EXEMPT EMPLOYEES
- 15 --- PAROLEE COVERAGE

Terminated Date:

Replacement Endorsement #:

Replacing Endorsement #:

Endorsement Text:



# NYCIRB Rating Data

Enter the policy number. Submit.

Click any of the entries in the Sheet# column to view the NYCIRB data for that entity and time period.

## New York State Compensation Insurance Rating Board Information

Policy Number  
0123456-7

Submit

Policy #	Board #	Sheet #	Risk Name	ISSUED Date	Eff Date	Exp
01234567	600086	<a href="#">1505603</a>	ACME FENCE COMPANY	10/03/2015	07/01/2014	1.08
01234567	600086	<a href="#">1483651</a>	ACME FENCE COMPANY	08/04/2015	07/01/2014	1.08
01234567	600086	<a href="#">1482231</a>	ACME FENCE COMPANY, INC. DBA ACME	07/01/2015	07/01/2014	1.08
01234567	600086	<a href="#">1408544</a>	ACME FENCE CO., INC.	02/03/2014	07/01/2014	1.12
				10/03/2015	07/01/2013	0.94

**NY CIRB RATING DATA** Print this page

07/01/2014  
EFF. Date of  
Rtg

**INSURED and LOCATION**

ACME FENCE CO  
123 MAIN STREET  
ANYTOWN, NY 00000

R 000000  
Board File  
No.  
10/03/2015  
Issue Date

[Save this file](#)

CODE NO.	CLASSIFICATION	MANUAL RATE
0000	Governing Classification to Apply	0.00
3372	Galvanizing or Tinning	0.00
3372	Electroplating	0.00
3372	Electroplating	0.00
4511	Analytical Chemist	0.00
9501	Painting-Shop Only-& Drivers	0.00
14	RATING TERM: EXPERIENCE MODIFICATION: 1.08	

Part I	1) POLICY YR	2) CLAIM NO.	3) ACTUAL INCURRED LOSSES	4) PRIMARY ACTUAL LOSSES
Exhibit of Actual Losses	Total by Policy Year of All Cases Equal To Or Less Than \$10000		2012: 9675	9675
			2011: 17359	17359
			2010: 6462	6462
	Individual Cases Greater Than \$10000		2012: 66471.244	32000
			2012: 65833.477	15500
			2011: 65697.831	10038
			2010: 64752.71	18001
			(a)	(b)
(c) ACTUAL EXCESS (a) - (b) = 35539			Total 109035	Total 73496

Part II	5) CLASS CODE	6) POLICY YR	7) PAYROLL	8) EXP LOSS RATE	9) EXP LSS 7)X8)/100	10) D RATIO	11) PRI EXP LSS 9)X10)
Exhibit of Expected Losses	3372	2012	1096092				
		2011	1171459				
		2010	1153817	2.06	70460	0.20	14096
	4511	2012	1011485				
		2011	1086285				
		2010	979600	0.38	11694	0.23	2689
	8742	2012	194780				
		2011	229690				
		2010	280289	0.17	1197	0.21	252
	8809	2012	189800				
		2011	182000				
		2010	189800	0.08	450	0.23	104
	8810	2012	995388				
		2011	987543				
		2010	907910	0.08	2312	0.26	601
	9501	2012	2607406				
		2011	2544897				
		2010	1830777	1.28	89384	0.29	25922
			(d)	(e)			
(f) EXPECTED EXCESS (d) - (e) = 131853			Total	175517	Total	43664	

Part III	12) PRIMARY LOSSES	16) ACTUAL	17) EXPECTED	18) EXP MOD
Rating Procedure	W			
(13) B VALUE + WX(c) COL 16		(b) 73496	(e) 43664	
B VALUE + WX(f) COL 17	0.12	62365	73922	
(14) (I-W)X(f) BOTH COL'S	0.88	116031	116031	
(15) TOTALS	I-W	(g) 251892	(h) 233617	(g)/(h) 1.08

## Pending Cancellations

Choose your NYSIF Rep Number. This will return a listing of all pending cancellations associated with your rep number.

Policies with upcoming cancellations will display the following information: Policy Number, Name of Assured, Cancellation Processing Date – when the policy will be cancelled if no action is taken, Cancellation Amount – the amount due to avoid cancellation, Bill Number, Premium, Name and Phone.

### Pending Cancellations System

NYSIF Rep Number  ▼

[Save this file](#) [Print this page](#)

Policy Number	Name of Assured	Cancellation Processing Date	Cancellation Amount	Bill Number	Premium Size	Principal Name	Phone Number
12345678	WIDGETS & THINGS, INC.	11/27/2017	\$3,320.27	54093163	\$64,304.07	J.B. BIGGLEY	555-555-1212

## Policy Information

Search by Policy Number or Rating Board Number. Your search will return policyholder information, shown below, as well as additional tabs displaying policy period, pay class, entity and locations.

Policy Number	Business Name	Principal Name	Telephone Number	Rating Board Number	Policy Status	Cancellation Reason	Number
12345678	ACME FENCE CO	John Testing	(111)123-4567	0000000	ACTIVE		90

**Policy Info** | [Period](#) | [Pay Class](#) | [Entity](#) | [Active Entity](#) | [Location](#) | [Active Location](#) | [Location Excluded](#) | [Active Location Excluded](#)

**Policyholder's Address:**  
ACME FENCE CO  
123 MAIN STREET  
ALBANY, NY 11111  
111-123-4567

**Representative Information:**  
STATE INSURANCE FUND UND DEPT  
STATEWIDE SERVICES .  
199 CHURCH ST 7TH FLR  
NEW YORK NY 10007

**Premium:**

NYSIF Premium	\$14,088.59
Current Account Balance	\$1,184.05
Last Bill #	N/A
Current Deposit Bill Type	Renewal
Current Deposit Bill #	N/A
Future Renew Experience MOD	97
Governing Class Code	4558

**Policy Profile:**

Policy #	12345678
Status	ACTIVE
Group	90
Principal's Name	JOHN TESTING
Industry Group	Others (A)
Active Entities	3
Active Locations	1
Excluded Locations	0
County	Suffolk (17)
State Fund District	Z
Rated	R
Rating Board File #	
Combinable Policy Count	4
FEIN	
SSN	N/A
Unemployment ID	
Audit Plan	Yearly (14)
Bill Plan	Equal Monthly (14)

**Date:**

Inception Date	02/14/1997
Original Inception Date	02/14/1997
Current Renewal Start Date	07/01/2017
Last Billing Cycle Date	11/01/2017
Current Account Balance Date	11/01/2017
Current Period Start Date	07/01/2017
Current Period End Date	07/01/2018
Anniversary Date	07/01/2018
WCB Cancellation Date	N/A
SIF Cancellation Date	N/A
Cancellation Reason	N/A
Name Change	N/A Count[0]
Address Change	10/29/1998 Count[1]

**Indicator:**

### Policy Information System

Policy Number:

Rating Board Number:

## Renewals

Enter the policy number. Submit.

## Policy Renewal System

- Policy Number:

## Policy Renewal System

- Policy Number: L   Status: ACTIVE Renewal Periods:    
 Name: TESTING POLICY Group: 90 Representative: TEST BROKERAGE, LLC

<b>Policy Number:</b>	0123456-7	<b>EXP MOD:</b>	N/A	<b>Renewal Process Date:</b>	02/09/2017	<b>Deduct Amount:</b>	0
<b>Renewal Date:</b>	03/31/2017	<b>Group Number:</b>	90	<b>Factor Compute Date:</b>	12/28/2016	<b>Hazard Code:</b>	05
<b>End Date:</b>	03/31/2018	<b>Messages:</b>	N/A	<b>Bill Date:</b>	N/A	<b>Retro Waiver:</b>	N/A
<b>Rating Date:</b>	N/A	<b>WPS Surcharge(9747):</b>	0	<b>Review Code:</b>	N/A	<b>Equity:</b>	N/A
<b>Pay Plan:</b>	Quarterly	<b>Status:</b>	Billed	<b>Classes:</b>	1	<b>Longevity:</b>	N/A
<b>Audit Plan:</b>	Annual			<b>Exposure:</b>	\$65,400.00	<b>Safety:</b>	0
<b>Base SIF Modification:</b>	N/A			<b>WPS Credit (9746):</b>	0	<b>SI Credit(9748):</b>	0

### Classes & Payroll

Line	Class Code	Class Description	Region	Payroll	Rate
1	9028	BUILDING OPER DWELLING NOC ETC-U	F	\$65,400.00	N/A

### Renewal Parameters

<b>Inception</b>	03/31/2005
<b>Industry</b>	Y
<b>Group</b>	90
<b>Location</b>	6
<b>Entities</b>	3
<b>Certificates</b>	0
<b>Cancellation (Non-Payment)</b>	0
<b>Est Audits</b>	0
<b>Bad Checks</b>	0

<b>Renewal Date</b>	03/31/2016	03/31/2015	03/31/2014
<b>Premium(SF)</b>	\$3,331.20	\$3,403.51	\$3,403.51
<b>Audit Plan</b>	Annual	Annual	Annual
<b>Bill Plan</b>	Quarterly	Quarterly	Quarterly
<b>SIF MOD, EXP1, EXP2</b>	80, N/A, N/A	80, N/A, N/A	80, N/A, N/A
<b>Rating Date</b>	N/A	N/A	N/A
<b>Claims</b>	0	0	0
<b>Exec 8809 Claims</b>	0	0	0
<b>Comp</b>	\$0.00	\$0.00	\$0.00
<b>Medical</b>	\$0.00	\$0.00	\$0.00
<b>Total Losses</b>	\$0.00	\$0.00	\$0.00



## Report Requests

Select a report from the Report Name list.

Enter the parameters, if applicable.

### Report Request

To request a report, fill out the information below and click "Search." All fields are required unless otherwise stated. Some requests will open in a new window.

<Select a Report>

- Policy List of a Rep
- Certificate List for a Rep/Policy
- Accident Analysis Report for Rep
- Loss Run Report for Rep
- Recap Sheet
- Test Rating
- DP203 for Rep
- Enhanced Loss Run Report

### View Requested Reports

If you received an email notification that your report is available, it will display the table below. Some reports will download and others will open in a new window.

[Refresh](#)

Report ID	Created Date and Time	Group Number/Policy Number	Report Name	Open Report	Download CSV
-----------	-----------------------	----------------------------	-------------	-------------	--------------

- Some reports will download and others will open in a new window.
- Once saved, the file can be re-opened in a browser or other application (Excel, for example) for printing or review.
- Some reports may take up to two hours to generate; you will be notified via email.

## Policy list of a rep:

**REP. NO: 00000 TEST BROKERAGE, INC.**     
 NEW YORK STATE INSURANCE FUND     
 **ACTIVE/CANCELLED POLICIES**     
 REPORT DATE: 07/25/2017  
 ( POLICIES CANCELLED BEFORE 07/25/2015 NOT INCLUDED )

	POLICY NUM	NAME OF ASSURED	ANNIV DT	CANC DT	EST PREMIUM	EXPMOD
1	1111111	POLICYHOLDER, INC. 123 OAK STREET CITY, NY 11111	11/07/2017		\$17,649.64	89
2	2222222	A. HAMILTON FINANCIAL 10 WASHINGTON STREET NEW YORK, NY 10009	08/02/2015		\$91,983.60	107
3	3333333	WIDGETS, INCORPORATED ROUTE 1 ALBANY, NY 00001	06/14/2016	11/17/2015	\$3,147.92	
4	4444444	NYSIF TESTERS, LLC 199 CHURCH STREET NEW YORK, NY 10007	12/20/2015		\$128,120.08	81
5	5555555	JOE'S AUTO #01 STATE STREET NEW YORK, NY 00001	06/01/2018		\$2,213.58	
6	6666666	MARY'S PIES 99 NORTH STREET ALBANY, NY 12206	01/22/2018		\$52,299.66	86

The **Certificate List of a Rep/Policy** was updated to display the renewal plan option by adding the fields "Renew into Future Period Flag," which will be flagged "Y" if an automatic renewal has been selected, and "Renewal End Date" to display the end date of the automatic renewal.

NEW YORK STATE INSURANCE FUND CERTIFICATES OF A POLICY											
Policy No : 12345678			Policy Holder : ACME FENCE CO					Report Date : 06/21/2019			
CERT. #	ENTITY	LOC	CLAUSES	FROM	TO	DAYS	CERTIFICATE HOLDER NAME & ADDRESS	JobID	MAIL CODE	RENEW INTO FUTURE PERIOD FLAG	RENEWAL END DATE
922947	00000	00000	DL	06/09/2019	06/09/2020		TSIU TEST RENEW 15-16 TEST ALBANY NY 12211	111 SOUTH STREET PROJECT	0	N	
922879	00000	00000	TDL	06/09/2019	06/09/2020		JOHN DOE 123 MAIN ST ALBANY NY 12205		0	Y	09-JUN-21

## Accident Analysis Report

NEW YORK STATE INSURANCE FUND Accident Analysis Report											
ASSURED ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 11111 TEL: (518) 555-1212			POLICY # 01234567 POL. DTE 07/01/2014 COUNTY Suffolk LOCATIONS 2 ENTITIES 1			GOV CLASS 9501 GROUP 90 PLAN Annual Audit Plan			PROCESS DATE 02/05/2018 REPRESENTATIVE BROKERS, INC.		
ACCIDENT ANALYSIS FROM 07/01/2013 TO 07/01/2014 for 01234567											
KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT	KIND OF INJURY	COUNT
Contusion	4	Swelling	1	Sprain/Strain	2						
TOTAL	7										
CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT	CAUSE OF INJURY	COUNT
Fall/Slip/Trip	1	Struck Against/Caught	1	Struck (By)	2	Lifting					
Snow/Ice/etc.	1										
TOTAL	7										
PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT	PART OF BODY	COUNT
Back	5	Shoulder, Right	1	Thigh, Left	1						
TOTAL	7										
OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT	OCCUPATION	COUNT
ELECTROPLATE, GALVANIZE, DETINNING	6										
UNCLASSIFIED	1										
TOTAL	7										
MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT	MONTH	COUNT
JAN.	0	FEB.	1	MAR.	0	APR.	0	MAY.	0	JUN.	0
JUL.	1	AUG.	0	SEP.	0	OCT.	0	NOV.	0	DEC.	0
TOTAL	7										

## Loss Run Report by Rep

NEW YORK STATE INSURANCE FUND Loss Run Report by Rep											
WCLAIM/180/01	REP INQUIRY 012345	Accidents Occurred Between 01/01/2016 And 02/08/2018 ALL CLAIMS								AS OF 02/08/2018 CYCLE NO. 12053	
POLICY NO. 01234567 CLAIM NO. UNIT CLAIMANT											
	ACC DATE	JCK	COMP INC	MED INC \$	COMP PD	MED PD	POL DATE	PAYCLASS	INC	PAYT C	DOC
	03/10/2016	X	.00	276.14 0	.00	276.14	07/01/2015	9030	11/2016	08/2016	0
	10/07/2016	T	230.67	802.78 0	230.67	802.78	07/01/2016	3726	04/2017	02/2017	0
	10/21/2016	T	630.00	.00 0	630.00	.00	07/01/2016	9030	06/2017	11/2016	0
	07/26/2017	M	62,684.00	50,000.00 1	22,461.74	6,796.96	07/01/2017	4829	01/2018	02/2018	0
	08/21/2017	M	29,453.00	19,500.00 1	8,988.00	1,741.87	07/01/2017	9030	01/2018	01/2018	0
	10/19/2017	T	30,720.00	5,600.00 1	11,289.15	2,153.27	07/01/2017	9030	02/2018	02/2018	0
	10/13/2017	T	8,560.00	9,850.00 1	900.00	1,195.43	07/01/2017	9030	01/2018	01/2018	0
	11/16/2017	T	20,878.00	5,000.00 1	7,360.00	597.46	07/01/2017	9030	01/2018	01/2018	0
	11/27/2017	T	6,760.00	7,860.00 1	840.00	.00	07/01/2017	4829	01/2018	01/2018	0
POLICY TOTAL: 9			159,915.67	98,888.92	52,699.56	13,563.91					
POLICY NO. 98765432 CLAIM NO. UNIT CLAIMANT											
	ACC DATE	JCK	COMP INC	MED INC \$	COMP PD	MED PD	POL DATE	PAYCLASS	INC	PAYT C	DOC
	06/24/2016	X	.00	210.00 0	.00	210.00	07/01/2015	4558	02/2018	07/2017	0
POLICY TOTAL: 1			.00	210.00	.00	210.00					
POLICY NO. 0987654 CLAIM NO. UNIT CLAIMANT											
	ACC DATE	JCK	COMP INC	MED INC \$	COMP PD	MED PD	POL DATE	PAYCLASS	INC	PAYT C	DOC
	05/26/2016	T	1,860.00	1,752.78 0	1,860.00	1,752.78	07/01/2015	4829	04/2017	10/2016	0
	06/03/2016	X	.00	1,737.15 0	.00	1,737.15	07/01/2015	4829	06/2017	11/2016	0
	11/30/2016	M	19,629.00	8,000.00 3	7,167.53	4,763.68	07/01/2016	4829	01/2018	01/2018	0

## Loss Run Report by Policy

NEW YORK STATE INSURANCE FUND Loss Run Report by Policy															
WCLAIM/180/01	POLICY INQUIRY 01234567	ACME FENCE CO.								Accidents Occurred Between 01/01/2005 And 01/01/2017 ALL CLAIMS				AS OF 02/08/2018 CYCLE NO. 14779	
CLAIM NO. UNIT	CLAIMANT	ACC DATE	JCK	COMP INC	MED INC	Status	COMP PD	MED PD	POL DATE	GRP	PAYCLASS	INC	PAYT	C DOC	
1111111111		07/10/2015	Z	.00	.00	0	.00	.00	07/01/2015	7330		01/2016	00/0000	0	
0000000000		06/24/2016	X	.00	210.00	0	.00	210.00	07/01/2015	4558		02/2018	07/2017	0	
NO OF CLAIMS FOR THIS POLICY: 2				.00	210.00		.00	210.00							

## Recap Sheet

The recap sheet will provide information in the following categories for period you choose:

- Summary of policy information
- Reported payroll for the period
- Endorsements
- Claims
- Included locations
- Excluded locations
- Entities
- Certificates sent

SUMMARY OF POLICY INFORMATION			
<b>ISSUED: 02/08/2018</b>		<b>POLICY PERIOD :02/04/2014 to 02/06/2018</b>	
<b>Assured</b>		<b>Audit at</b>	
ACME FENCE CO 123 MAIN STREET ANYTOWN, NY 12345 518-555-1212		NYSIF TESTING & CPAs	
<b>Principal</b> JOHN BROWN		<b>Group</b> 90	
<b>FEIN</b> 999999999		<b>Industry Code</b> A	
<b>SIF District</b> L		<b>Governing Code</b> 8810	
<b>PAD Unit</b> L		<b>RB Mod</b> N/A	
<b>Rating Date</b> N/A		<b>SIF Mod</b> 95	
		<b>Construction Mod</b> N/A	
		<b>Policy is</b> Not Rated	
		<b>Bill to</b> 11/30/2016	
		<b>Inception</b> 11/30/1999	
		<b>Next Ann</b> 11/30/2019	
		<b>Est. Premium</b> \$ 9,108.23	
		<b>Billing Plan</b> 25% Down, 9 Monthly Installments of 1/12 of annual premium	
		<b>Audit Plan</b> Annual Audit Plan	
		<b>Cancel Bill</b> N/A	
		<b>Cancel Board</b> N/A	
		<b>Reason Canc.</b> N/A	
<b>PERIODS</b>			
<b>PRESENT BILL:</b>			
<b>Class</b>	<b>Description</b>	<b>Rate</b>	<b>Payroll</b>
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$0.20	\$3,072,000.00
<b>PRIOR FULLY BILLED PERIOD WAS REPORTED : 11/30/2015 to 11/30/2016</b>			
<b>Class</b>	<b>Description</b>	<b>Rate</b>	<b>Payroll</b>
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$0.25	\$2,048,000.00
<b>ENDORSEMENTS</b>			
<b>Number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Endorsement Text</b>
99	12/07/1999		SPECIAL ENDORSEMENT (EXCLUDING COVERAGE) COVERAGE UNDER THIS POLICY IS EXCLUDED FOR ANY AND ALL ENTITIES. THE DOCUMENTS ISSUED UNDER THIS POLICY NUMBER ARE FOR TEST PURPOSES ONLY AND PROVIDE NO INSURANCE COVERAGE WHATSOEVER.
90	07/15/2010		INDIVIDUAL / CO-PARTNER INCLUSION NEW YORK SOLE PROPRIETORS, PARTNERS AND MEMBERS OF LIMITED LIABILITY COMPANIES COVERAGE ENDORSEMENT YOU HAVE ELECTED TO MAKE EACH PERSON NAMED IN THE SCHEDULE SUBJECT TO THE NEW YORK WORKERS' COMPENSATION LAW. THIS POLICY COVERS YOU WITH RESPECT TO BODILY INJURY SUSTAINED BY SUCH PERSONS UNDER "PART ONE - WORKERS' COMPENSATION INSURANCE" BUT NOT UNDER "PART TWO - EMPLOYERS' LIABILITY INSURANCE". THE PREMIUM BASIS OF THE

# Test Rating

<b>EFF RATING DATE</b> 10/24/2014	<b>INSURED AND ADDRESS</b> NYSIF TESTING, INC. 123 MAIN STREET ALBANY, NY 12206	<b>BOARD FILE NUM</b>	<b>POLICY NUMBER</b> G 999999-1				
<b>TEST RATING</b>	<b>ACTUAL LOSSES</b>						
<b>POLICY YEAR</b>	<b>CLAIM NO</b>	<b>ACTUAL INCURRED LOSSES</b>	<b>PRIMARY ACTUAL LOSSES</b>	<b>MINOR LOSS TOTALS</b>	<b>POLICY SOURCE</b>		
01/01/2011	64722796	50,591	10,000	0	519 143-2		
<b>ACTUAL EXCESS</b>	40,591	50,591	10,000				
<b>EXPECTED LOSSES</b>							
<b>CLASS CODE</b>	<b>POLICY YEAR</b>	<b>PAYROLL</b>	<b>EXPECTED LOSS RATE</b>	<b>EXPECTED LOSSES</b>	<b>D RATIO</b>	<b>PRIMARY EXP. LOSSES</b>	<b>POLICY SOURCE</b>
5538	01/01/2012	46,637					519 143-2
	01/01/2011	62,975	5.36	5,875	0.29	1,704	
5545	01/01/2012	130,250					519 143-2
	01/01/2011	106,014	11.43	27,005	0.15	4,051	
5547	01/01/2012	8,308					519 143-2
	01/01/2011	4,920	9.07	1,200	0.14	168	
5645	01/01/2012	2,223					519 143-2
	01/01/2011	796	5.32	161	0.19	31	
<b>EXPECTED EXCESS</b>	28,976			35,150		6,174	

# DP-203 Report for a Policy

<b>NEW YORK STATE INSURANCE FUND</b>												
<b>DP203 Report for Policy # 12345678</b>												
ASSURED ACME FENCE COMPANY			POLICY # 12345678			GOV CLASS 5022			PROCESS DATE 12/08/2017 REPRESENTATIVE NASSAU BROKERS, INC.			
123 MAIN STREET ANYTOWN, NY 10000			POL DATE 04/01/2015			GROUP 90			123 ELM STREET ANYTOWN, NY 10000			
TEL: 518-555-1111			COUNTY Nassau			AUD / BIL 14 / 14			516-555-1212			
ESTIMATED ANNUAL PREMIUM: 85,466.19			LOCATION 1			IND GRP Y						
			ENTITY 1									
<b>CLAIM NUMBER</b>	<b>CLM UNIT</b>	<b>PAY CLASS</b>	<b>NAME OF CLAIMANT</b>	<b>ACCIDENT DATE</b>	<b>BODY PART</b>	<b>CAUSE ACC</b>	<b>INJ TYPE</b>	<b>PAYMENTS</b>		<b>INCURRED COSTS</b>	<b>STATUS</b>	
9876543	127	5022	SMITH, MICHAEL	09/27/2013	29	2	14	COMP	889.96	COMP	889.96	0
			CLAIMS BATCHED 2					COMP	329.71	COMP	329.71	
			CLAIMS SUMMARY 3					COMP	1,219.67	COMP	1,219.67	
<b>PERIOD</b>		<b>EARNED PREMIUM</b>		<b>EXP SIF</b>		<b>NO. OF CLAIMS</b>		<b>INCURRED LOSSES</b>		<b>TOTAL</b>	<b>LOSS</b>	
<b>FROM</b>	<b>TO</b>	<b>R.B. LEVEL</b>	<b>S.F. LEVEL</b>	<b>MOD</b>	<b>MOD</b>	<b>COMP</b>	<b>NC</b>	<b>COMP</b>	<b>MEDICAL</b>	<b>LOSSES</b>	<b>RATIO</b>	
04/01/2015	04/01/2016	95,271	74,958	121	80	0	0	0	0	0	.00	
04/01/2014	04/01/2015	102,566	80,201	119	80	0	0	0	0	0	.00	
* 04/01/2013	04/01/2014	95,150	80,714	98	75	0	1	0	890	890	.01	
04/01/2012	04/01/2013	59,849	49,905	89	75	0	1	0	330	330	.01	
<b>Totals:</b>		<b>352,836</b>	<b>285,778</b>			<b>0</b>	<b>2</b>	<b>0</b>	<b>1,220</b>	<b>1,220</b>	<b>AVG: .00</b>	
*For this period and all prior periods, the assessment charge is included in the SIF Level Earned Premium. All future periods will not include the assessment charge.												
<b>START DT</b>	<b>END DT</b>	<b>CLASS</b>	<b>DESCRIPTION</b>				<b>PAYROLL</b>					
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL												
04/01/2013	04/01/2014	5022	MASONRY N.O.C.				499,142					
04/01/2013	04/01/2014	9127	TERRITORY 2 DIFFERENTIAL 0.0%				0					
04/01/2013	04/01/2014	8809	EXECUTIVE OFFICERS N.O.C. ETC-U				156,000					
04/01/2013	04/01/2014	7380	DRIVERS CHAUFF HELPERS-COMML-U				131,667					
THE FOLLOWING PAYROLL INFORMATION IS FROM AN AUDIT BILL												
04/01/2012	04/01/2013	5022	MASONRY N.O.C.				338,277					
04/01/2012	04/01/2013	9127	TERRITORY 2 DIFFERENTIAL 0.0%				0					
04/01/2012	04/01/2013	8809	EXECUTIVE OFFICERS N.O.C. ETC-U				156,000					
04/01/2012	04/01/2013	7380	DRIVERS CHAUFF HELPERS-COMML-U				122,410					
THIS POLICY INCLUDES THE FOLLOWING ACTIVE LOCATIONS:												
<b>LOC#</b>	<b>ADDRESS</b>						<b>START DT</b>					
1	123 MAIN STREET ANYTOWN, NY 10000						08/13/1996					
THIS POLICY INCLUDES THE FOLLOWING ACTIVE ENTITIES:												
<b>ENT#</b>	<b>ENTITY NAME</b>		<b>BUSINESS TYPE</b>			<b>EFFECTIVE DT</b>						
1	ACME FENCE COMPANY		Corporation			03/28/2000						
THE ABOVE POLICY IS COMBINED WITH THE FOLLOWING ACTIVE POLICIES:												
2222222	FARM FENCING, INC.											



## Enhanced Loss Run Report

Enter your parameters. You must choose either "Loss Run" or "Percentage Analysis" for the report output.

Loss Run, No Totals Example:

NEW YORK STATE INSURANCE FUND		Accidents Occurred Between 2/2/2010 And 2/8/2018				AS OF 02/08/2018				
Loss Run and Analysis Report		Sorted By Accident,CLAIM# OPEN&CLOSED				Claims Found YES				
Policy#	ACME FENCE CO									
CLAIM NO	CLAIMANT	ACC DT	JCK	COMP INC	MED INC	S	COMP PD	MED PD CLASS	INC	PAYT
1111111111		06/17/2010	T	880.00	1,094.09	0	880.00	1,094.09 8810	03/11	10/10
Soc Sec Num: XXX-XX-1234		WCB Num:		CLAIMANT AGE: 51						
Cause of Accident: Fumes		Type of Injury: Breathing Dif		PART OF BODY: Unknown						
2222222222		07/12/2010	X	.00	628.58	0	.00	628.58 3372	02/11	09/10
Soc Sec Num: XXX-XX-1234		WCB Num:		CLAIMANT AGE: 39						
Cause of Accident: Lifting		Type of Injury: Sprain/Strain		PART OF BODY: Back						
3333333333		12/22/2010	X	.00	53.43	0	.00	53.43 9501	01/13	01/13
Soc Sec Num: XXX-XX-1234		WCB Num:		CLAIMANT AGE: 34						
Cause of Accident: Tools		Type of Injury: Laceration		PART OF BODY: Hand, Left						
4444444444		01/28/2011	X	.00	291.89	0	.00	291.89 9501	10/11	07/11
Soc Sec Num: XXX-XX-1234		WCB Num:		CLAIMANT AGE: 50						
Cause of Accident: Struck (By)		Type of Injury: Sprain/Strain		PART OF BODY: Wrist, Right						

## Report Request

Report Name: Enhanced Loss Run Report

### Enhanced Loss Run Report

Parameter: Policy Number

Policy Number: 01234567

Must be numeric

Start date: mm/dd/yyyy

(mm/dd/yyyy)

End date: mm/dd/yyyy

(mm/dd/yyyy)

### Report Output

Required. Choose either Loss Run or Percentage Analysis.

1.  Loss Run

Claimant Information

Accident Information

Address

Totals: No Totals

Sort By Fields: <- None ->

Sort By Policy

Break up Report into Separate Periods

2.  Percentage Analysis

Grand Totals Only

### Optional

Report Parameters

Submit

Percentage Analysis Example:

NEW YORK STATE INSURANCE FUND		Accidents Occurred Between 2/2/2010 And 2/8/2018				AS OF 02/08/2018		
Loss Run and Analysis Report		Sorted By Accident,CLAIM# OPEN&CLOSED				Claims Found YES		
Policy#	ACME FENCE CO							
<b>Cause of Accident</b>	<b>COMP</b>	<b>COMP</b>	<b>MED</b>	<b>MED</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>NO OF</b>	<b>% TOT</b>
<b>Description</b>	<b>PAID</b>	<b>% PD</b>	<b>INC</b>	<b>% IC</b>	<b>PAID</b>	<b>% PD</b>	<b>CLAIMS</b>	<b>CLMS</b>
Struck Against/Caught	2064.71	2.34	2064.71	2.34	5696.94	8.15	7761.65	4.91
Fall/Slip/Trip	60000	68.13	60000	68.13	20677.83	29.58	20677.83	51.07
Material Handling	8285.09	9.41	8285.09	9.41	4551.91	6.51	12837	8.13
Tools	0	0	0	0	317.19	.45	317.19	.2
Snow/Ice/etc.	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	6.51
<b>Part of Body</b>	<b>COMP</b>	<b>COMP</b>	<b>MED</b>	<b>MED</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>NO OF</b>	<b>% TOT</b>
<b>Description</b>	<b>PAID</b>	<b>% PD</b>	<b>INC</b>	<b>% IC</b>	<b>PAID</b>	<b>% PD</b>	<b>CLAIMS</b>	<b>CLMS</b>
Back	6045.1	6.86	6045.1	6.86	13742.71	19.66	13742.71	19.66
Knee, Right	0	0	0	0	420.93	.6	420.93	.27
Eye, Left	0	0	0	0	471.95	.68	471.95	.3
Unknown	880	1	880	1	1278.69	1.83	1278.69	1.83
Hand, Left	0	0	0	0	53.43	.08	53.43	.03
Arm, Right	60000	68.13	60000	68.13	20457.94	29.27	20457.94	50.93
Ankle, Left	0	0	0	0	0	0	0	0
<b>Type of Injury</b>	<b>COMP</b>	<b>COMP</b>	<b>MED</b>	<b>MED</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>NO OF</b>	<b>% TOT</b>
<b>Description</b>	<b>PAID</b>	<b>% PD</b>	<b>INC</b>	<b>% IC</b>	<b>PAID</b>	<b>% PD</b>	<b>CLAIMS</b>	<b>CLMS</b>
Sprain/Strain	66603.32	75.62	66603.32	75.62	35219.54	50.39	35219.54	50.39
Laceration	1536.72	1.74	1536.72	1.74	806.15	1.15	806.15	1.15
Other	7576.2	8.6	7576.2	8.6	8115.6	11.61	8115.6	11.61
Foreign body	0	0	0	0	198.11	.28	198.11	.13
<b>Payclass</b>	<b>COMP</b>	<b>COMP</b>	<b>MED</b>	<b>MED</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>NO OF</b>	<b>% TOT</b>
<b>Description</b>	<b>PAID</b>	<b>% PD</b>	<b>INC</b>	<b>% IC</b>	<b>PAID</b>	<b>% PD</b>	<b>CLAIMS</b>	<b>CLMS</b>
9501	7779.81	8.83	7779.81	8.83	20744.88	29.68	20744.88	29.68
4511	3221.9	3.66	3221.9	3.66	2930.76	4.19	2930.76	4.19
8810	60880	69.12	60880	69.12	21552.03	30.83	21552.03	30.83
3372	13527.61	15.36	13527.61	15.36	17043.43	24.38	17043.43	24.38
0	2663.68	3.02	2663.68	3.02	7625.53	10.91	7625.53	10.91
<b>Open/Closed Case</b>	<b>COMP</b>	<b>COMP</b>	<b>MED</b>	<b>MED</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>NO OF</b>	<b>% TOT</b>
<b>Description</b>	<b>PAID</b>	<b>% PD</b>	<b>INC</b>	<b>% IC</b>	<b>PAID</b>	<b>% PD</b>	<b>CLAIMS</b>	<b>CLMS</b>
Closed	88073	100	88073	100	69896.63	100	69896.63	100
Total	88,073.00		88,073.00		69,896.63		69,896.63	

## Statement of Account

Your statement of account displays billing transactions, including the latest renewal bill and deposit premium of a period.

## Policy Bill Inquiry

\*Policy Number

\*Select One  
 Statement Of Account  
 Statement Of Account  
 Dep. Prem. Bill of a Period  
 Latest renewal Bill of a policy  
 Statement of Premiums Due  
 Other Options

## Policy Bill Inquiry - Statement Of Account

\*Policy Number

\*Select One  
 Statement Of Account

Submit

Name: ACME FENCE CO  
 Rep: BROKERS, INC  
 Current Policy Period: 10/19/2017-10/19/2018  
 Policy Status: ACTIVE  
 SIF Office Code: Q - Queens  
 GR.#: 90

More Records Records: 1-25

Tran Date	Tran Code	Bill Number	Tran Description	Period Date	Tran Amount	Balance
02/02/2018	542	<a href="#">016491487</a>	Experience Modification Endorsement	07/01/2018		910.01
02/01/2018	900	<a href="#">54672984</a>	Monthly Statement			910.01
02/01/2018	464	016436890	Service Charge	07/01/2017	10.00	910.01
02/01/2018	562	<a href="#">P10002600126</a>	Installment	07/01/2017	900.01	900.01
01/22/2018	312	5238	Cash		775.74CR	0.00
12/29/2017	900	<a href="#">54497885</a>	Monthly Statement			775.74

Choose **Other Options** to search and view by transaction code. Common transaction codes include:

- 312: Payment
- 464: Service Charge
- 532: Rebill
- 542: Experience Modification Endorsement
- 560: Audit
- 562: Installment billed
- EP: Earned premium transactions
- AP: Advanced premium transactions
- Factor: Experience modification transaction

\*Select One  
 All Trans  
 Trans Code  
 EP Trans  
 AP Trans  
 Factor Trans  
 All Trans



## Unit Stat Inquiry System

For each of the queries available, enter your policy number, the policy period start date you are seeking and filter as needed.

## UNIT STAT INQUIRY SYSTEM

\*Inquiry Type

<Select Inquiry Type>  
 PREMIUMS OF POLICY PERIOD  
 ALL CLAIMS IN POLICY PERIOD  
 CLASS EXPOSURES OF POLICY PERIOD  
 ALL REPORTS OF A CLAIM NUMBER

\*Inquiry Type  
 PREMIUMS OF POLICY PERIOD

\*Policy Number  
 0123456-7

\*Start date (mm/dd/yyyy)  
 07/01/2014

**Submit**

**Policy Number:** 0123456-7  
**Period Start Date:** 07/01/2014  
**Rating Board:** 600086  
**Name:** ACME FENCE CO, INC  
**Address:** 123 MAIN STREET  
 ANYTOWN, NY 00000  
**Governing Class:** 9501

**Unit Stat Report For ACME FENCE CO**

**Last Bill** 03/31/2016  
**Date:** 07/01/2014  
**Rating Date:** 07/01/2014  
**Termination** N/A  
**Date:**  
**Cancellation** N/A  
**Date:**  
**Report Date:** 05/19/2017

**Fully Billed:**

<u>Premiums</u>		<u>Modification Factors</u>	
<b>Manual First Half :</b>	\$72,428	<b>Exp Rating First Half :</b>	112
<b>Manual Second Half :</b>	\$109,551	<b>Exp Rating Second H...</b>	N/A
<b>Rating Board:</b>	\$86,416	<b>State Fund:</b>	80
<b>State Fund:</b>	250		
<b>Loss &amp; Expense:</b>			

\*Inquiry Type  
 CLASS EXPOSURES OF POLICY PERIOD

\*Policy Number  
 01234567

\*Start date (mm/dd/yyyy)  
 07/01/2013

Restrict to Sequence Number :  
 Restrict to class-code :

**Submit**

**Policy Number:** 01234567  
**Period Start Date:** 07/01/2013  
**Rating Board:** 123456  
**Name:** ACME FENCE CO  
**Address:** 123 MAIN STREET  
 ANYTOWN, NY 12345

**Unit Stat Report For ACME FENCE CO**

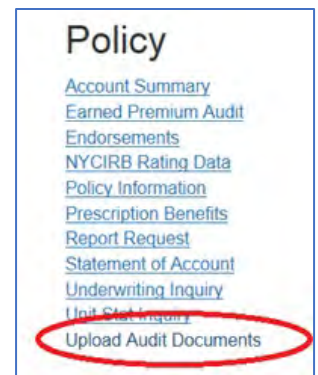
Class	Rate	Payroll	Premium	Report	Report Date	Sequence Number	Comments
900	\$100.00	\$0.00	\$250.00	1	10/01/2015	1	Class/Prem Trans Generated
3372	\$5.42	\$1,147,153.00	\$62,175.69	1	10/01/2015	1	Class/Prem Trans Generated
4511	\$1.03	\$1,083,424.00	\$11,159.27	1	10/01/2015	1	Class/Prem Trans Generated
8810	\$0.26	\$880,690.00	\$2,289.79	1	10/01/2015	1	Class/Prem Trans Generated
9501	\$2.66	\$2,923,761.00	\$77,772.04	1	10/01/2015	1	Class/Prem Trans Generated
9740	\$100.00	\$0.00	\$3,432.75	1	10/01/2015	1	Class/Prem Trans Generated
9741	\$100.00	\$0.00	\$699.27	1	10/01/2015	1	Class/Prem Trans Generated

## Upload Audit Documents

Representatives and policyholders can securely upload financial records to nysif.com in lieu of an on-premise audit. All you need is a policy number and the audit number or appointment ID to get started.

Policies you represent have been linked to your online account, allowing the Policy Number field to auto-populate the policies for which you serve as manager.

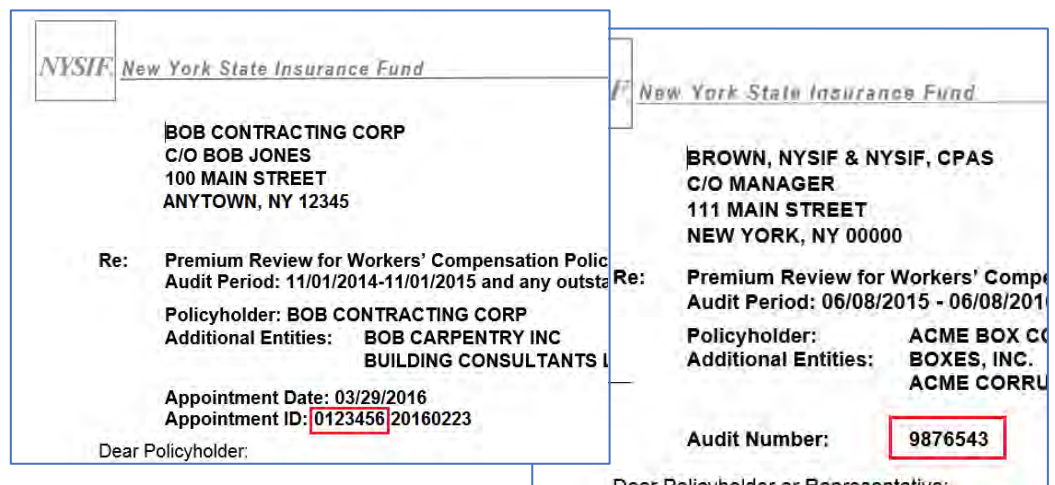
Choose Upload Audit Documents from your landing page.



On the Audit Upload screen, enter the first one or two numbers of the policy for which you plan to upload audit documents. The Policy Number field will display a dropdown menu of all of your policies beginning with that number(s), allowing you to quickly and easily choose the one you need.

The screenshot shows the "Audit Document Upload" interface. At the top, it says "Welcome to the Premium Audit Secure Document Upload Site". Below this, there are instructions: "You may upload up to 30 files to this site. The maximum size per file is 50 MB. The maximum size for the entire file upload is 300 MB. The following file formats are acceptable: txt, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx". The form has two input fields: "Policy Number:" and "Audit Number or Appointment ID:". The "Policy Number:" field contains "74" and a dropdown menu is open, showing a list of policy numbers: 7400000, 7411111, 7422222, 7433333, 7444444, 7455555, and 7466666. A "Next" button is located to the left of the dropdown menu.

You can find your appointment ID or audit number on your audit correspondence from NYSIF.



You must complete the captcha test before progressing to the next screen.

All fields on this page are required. Click "Next."

Complete the fields on this page. If additional officers/owners need to be added, please choose "Add another." Click "Next," and you will be directed to the upload screen.

Policy Number:  
12345678

Audit Number:  
987654

\*First Name:

\*Last Name:

\*Title/Relationship to Policyholder:

\*Email Address to Receive Confirmation of Documents Uploaded:

\*Confirm Email Address:

\*Please provide a phone number where we may reach you with any questions.

**I am submitting documents:**

in lieu of a physical audit.  
 to address an audit-related matter.

**Next**

Policy number: 12345678  
Audit number: 987654

**1. Description of Business Operations**  
Please provide a brief description of business operations.

**2. Business Type**  
 Sole Proprietor  Partnership/LLC/LLP  Corporation  Other

**3. Owner/Partner/Member/Officer Information**  
Please provide the information below for each owner, partner, member or corporate officer. In the gross payroll field, please enter the amount filed or reported for the specified individual in state or federal tax reporting for the audit period.

Owner/Partner/Member/Officer 1	
Name	<input type="text" value="First name"/> <input type="text" value="Last name"/>
Title	<input type="text"/>
Duties	<input type="text"/>
Gross Payroll	<input type="text"/>
Ownership %	<input type="text"/>
State	<input type="text" value="Select a State"/>

**+ Add another**

**Next**

# Audit Document Upload

Policy number: 12345678  
Audit number: 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

## Add File to Upload

Select Document Type

Select One

Browse... No file selected.

Add File

- You may upload a maximum of 30 files
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

Choose the document type you'd like to upload. Browse to the appropriate file location on your computer. Click "Add File."

Please note:

- You may upload a maximum of 30 files.
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

Policy number: 12345678  
Audit number: 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

## Add File to Upload

Select Document Type

Select One

Select One

- 1099 forms for individual employees
- Bills and Invoices (for services, labor and materials)
- Check Book/Day Book with Cash Expenses/Cash Book (Disbursements and Receipts)
- Certificates of Insurance for Subcontractors Used
- Contracts (for services, labor and materials)
- Form 1096-Summary of 1099s
- General Ledger
- Income Tax Returns (1120/S-Corporate; 1065-Partnership; 1040-Schedule C Sole Proprietor; 990-Organization Exempt from Income Tax)
- Payroll Book/Register/Report
- Payroll Tax Returns (941, NYS-45, NYS-45 ATT)
- W2 forms for individual employees
- W3 form - Summary of W2s
- Other

# Audit Document Upload

Policy number: 12345678  
Audit number: 987654

Select the document type and then browse to the appropriate file location. Select and add the desired file. You will have a chance to review and remove files before submitting.

## Add File to Upload

Select Document Type

W2 forms for individual employees

Choose File | PAD Test W2.docx

Add File

- You may upload a maximum of 30 files
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

Repeat for additional documents.

Browse... No file selected.

Add File

- You may upload a maximum of 30 files
- Individual files must be no larger than 50 MB.
- The entire file upload must be no larger than 300 MB.
- Allowed file formats: txt, tif, tiff, rtf, pdf, doc, docx, bmp, gif, jpg, xls, xlsx

#	File Type	File	Size	Remove
1.	W2 forms for individual employees	PAD Test W2.docx	0.011 MB	

Are you ready to submit your documents?

Yes  No

Upload Files

Once you are ready to submit your documents, choose "Yes" and then "Upload Files."

Please do not close your browser until the upload is complete.

Submitting files



Please do not close your browser until the upload is complete.

Once the upload is complete, the user will see a confirmation screen.

## Audit Document Upload

You have successfully uploaded the following documents:

#	File Type	File
1.	W2 forms for individual employees	PAD Test W2.docx

A confirmation email has been sent to [testing@nysif.com](mailto:testing@nysif.com)

[Upload Additional Documents](#) [Exit](#)

The user will also receive a confirmation email with the list of documents that were uploaded. The new application securely delivers your audit documents to the appropriate NYSIF auditor.

The screenshot shows an email client interface with a message from PADautoemail@nysif.com. The message content includes:

Thu 5/31/18 12:52 PM  
PADautoemail@nysif.com  
NYSIF Premium Audit Document Upload  
To: Testing Nysif

Policy Number: 12345678  
Audit Number: 987654

You are receiving this email to notify you that documents associated with the policy and audit numbers listed above have been successfully uploaded to nysif.com.

#	Document Type	Document name
1.	W2 forms for individual employees	PAD Test W2.docx



# Disability Benefits & PFL Broker/Agent Account

## Broker Information

Welcome testDbIRep2015,

**Representative ID:** 12345  
**Representative:** ANYTOWN REPS, INC.  
**Address:** 987 ELM STREET  
 ANYTOWN, NY 00001  
**Primary Phone #:** 518-555-1212  
**Secondary Phone #:** No Number Available Ext.  
**Fax#:** No Number Available  
**Email:** BROKERS@NYSIF.COM

Policy Number	Entity Name
001122	ACME FENCE CO
998877	BOXES 'R US
012345	JOE'S DINER

DB representatives should visit nysif.com to create an account.

Once successfully logged in, you will view information about your online account and a listing of policies you represent.

To see menu options, click the "DBL Links" drop-down in the upper right corner.

## Disability Benefits Online Services

### Broker Services

- [Account Home](#)
- [Claims Payment Report](#)
- [Policy Entities](#)

### Documents

- [Document Retrieval](#)

### Billing

- [View Bills](#)

### Insurance Certificate

- [Validate Certificate](#)
- [Obtain a DB Certificate](#)

### Report Payroll

- [Report Your DB Payroll Electronically](#)

### \$ Get a Quote

- [Obtain a Quote for Disability Benefits Insurance](#)

### Premium Calculator

- [Enter Payroll for a DB Premium Estimate](#)

### ? Need Help?

- [Get Policy Help](#)
- [Get Claims Help](#)
- [Online Account User Guide](#)

## Policy Account Information

**Policy Number:** 00000-6  
**Account Status:** ACTIVE  
**Entity Name:** POLICYHOLDER, INC.  
**DBA or T/A:**  
**Address:** PO BOX 123  
**City, State, Zip:** CITY, NY 00000  
**Business Type:** INDIVIDUAL  
**Phone Number:** (555) 555-1313  
**Fax Number:** No Number Available  
**FEIN:** 0123456789  
**UIER:**  
**Inception Date:** 3/13/2009  
**Renewal Date:** 3/13/2018

To view details of a particular policy, click View Details.

From this policy home page, you can access information about that particular policy, including a claims payment summary and a certificate of insurance.

## Notification Center

[Please see Page 11](#) for instructions on how to enroll in email notifications.

## Get a DB/PFL Quote

Choose Obtain a Quote. (While NYSIF offers a gender-neutral price for disability benefits coverage, statutory reporting mandates require NYSIF collect this information.)

### NYSIF Disability and Paid Family Leave Benefits Insurance Quote System

**Get your NYSIF disability and paid family leave benefits quote in minutes!**

Please note that completing and submitting this form does not bind coverage. All policies require underwriting approval. Please allow 10-14 days for your disability and paid family leave benefits insurance policy to become effective.

New York State requires employers to provide short-term disability and paid family leave benefits insurance for their employees. NYSIF provides employers with New York State mandated disability and paid family leave benefits insurance to cover your employees in compliance with this requirement.

Within moments of answering the questions that follow, you will receive a reference number and an annual premium estimate for NYSIF disability and paid family leave benefits insurance. Receiving this quote does not guarantee coverage for NYSIF disability and paid family leave benefits insurance. You must complete and mail a disability and paid family leave benefits application to NYSIF with your premium deposit to bind coverage.

#### Get a New Quote

To receive a new quote, select the country of origin in which your business is headquartered, and click on "Get a New Quote".

#### Retrieve a Quote

Please enter your reference number to retrieve the information you previously submitted.

Reference Number\*

Email Address\*

### 1. Business Information

Legal Business Name\*

Business Address (must use New York State address, no P.O. boxes)\*

Address

City, State, Zip, Country\*

City	NY	Zip Code	United States
------	----	----------	---------------

Contact Information\*

<input type="checkbox"/> First Name	<input type="checkbox"/> Last Name	<input type="checkbox"/> Telephone
<input type="checkbox"/> Email		

Legal Entity Type

Business Type

Sole Proprietor    Corporation    LLC    Partnership    LLP    Union

### 1. Confirm Employer Information

Your reference number is **012345**

Please save this reference number, you will need it should you wish to revisit your quote.

Please confirm your contact information.

#### Contact Information

Company Name	NYSIF QUOTE TESTERS
Business Type	Partnership
Address	15 COMPUTER DRIVE ALBANY, NY 12206
Phone	(123) 456-7890
First name	BETSY
Last name	NYSIF
Email	NYSIFTESTERS@NYSIF.COM

[1. Employer Information](#)

**[2. Payroll Information](#)**

[3. View Quote](#)

## 2. Payroll Information

Your reference number is **012345**

Please save this reference number, you will need it should you wish to revisit your quote.

Premium is determined based upon the level of coverage chosen. NYSIF allows policyholders to choose the level of claim benefit for their employees.

- Statutory Benefit Coverage**  
50% of average weekly wage up to \$170 per week. (Minimum required New York State disability benefits insurance)
- Enriched Benefit Coverage**  
Provides greater disability claim benefits to qualified employees while satisfying the New York statutory requirement.

### Disability Benefits (DB)

Males	Females
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Number of Covered Employees  <input style="width: 90%;" type="text" value="3"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Total Wages for All Employees  <input style="width: 90%;" type="text" value="53040"/>  <small>Subject to an annual cap of \$17680, per employee</small> </div> <div style="border: 1px solid #ccc; padding: 5px;">           Total Gross Annual Payroll  <input style="width: 90%;" type="text" value="500000"/> </div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Number of Covered Employees  <input style="width: 90%;" type="text" value="8"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Total Wages for All Employees  <input style="width: 90%;" type="text" value="133760"/>  <small>Subject to an annual cap of \$17680, per employee</small> </div> <div style="border: 1px solid #ccc; padding: 5px;">           Total Gross Annual Payroll  <input style="width: 90%;" type="text" value="710000"/> </div>

## Paid Family Leave (PFL)

Males	Females
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Number of Covered Male Employees  <input style="width: 90%;" type="text" value="0"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Total Wages for All Covered Male Employees  <input style="width: 90%;" type="text" value="\$ 0"/>  <small>(Subject to an annual cap of PFL \$70569.72, per employee)</small> </div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Number of Covered Female Employees  <input style="width: 90%;" type="text" value="0"/> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Total Wages for All Covered Female Employees  <input style="width: 90%;" type="text" value="\$ 0"/>  <small>(Subject to an annual cap of PFL \$70569.72, per employee)</small> </div>

[1. Employer Information](#)

[2. Payroll Information](#)

**[3. View Quote](#)**

## 3. View Quote

Here is your Quote for NYSIF Disability and Paid Family Leave Benefits Insurance

Your reference number is **012345**. Please use this number when referencing your quote.

The annual premium for a policy is based on the total estimated annual gross capped wages for all employees.

The estimated premium in this quote is based upon the information entered in your quote request and may change based upon the actual payroll. A premium differential may be applied to the Disability portion of your policy when annual disability claims history is greater than the estimated annual premium.

STATUTORY DISABILITY BENEFIT QUOTATION			
	Payroll	Rate	Total
Estimated annual male capped wages	\$88,400	\$0.14 per \$100	\$123.76
Estimated annual female capped wages	\$35,360	\$0.14 per \$100	\$49.50
Disability Premium subtotal			
Adjustment for minimum disability premium			\$0.00
<b>Total Disability Benefits Premium</b>			<b>\$173.26</b>
PAID FAMILY LEAVE			
	Payroll	Rate	Total
Estimated annual male capped wages	\$352,848.60	\$0.153 per \$100	\$539.86
Estimated annual female capped wages	\$75,000.00	\$0.153 per \$100	\$114.75
<b>Total Paid Family Leave Premium</b>			<b>\$654.61</b>
<b>Total NYSIF Premium</b>			<b>\$827.87</b>
*PFL rates change annually based on calendar year.			
<a href="#">View Quote Letter</a>		<a href="#">Continue to DB/PFL Insurance Application</a>	

Once you submit your application electronically, you will be given the opportunity to pay your deposit online.

To submit your application by mail, please complete the form online, print and sign. Please include the required premium deposit and reference DBL **12345** on your check, made payable to NYSIF Disability Benefits. Mail the application and payment to:

NYSIF Document Control Center- Disability Underwriting  
 1 Watervliet Avenue Extension  
 Albany, NY 12206-1629

Policies cannot be backdated. Unless a future date of inception is requested on line 1 of the application, insurance coverage will begin the day after postmark.

## Retrieve a Quote

Visit <https://www.nysif.com/DBL/Quote/Default.aspx>. Enter the reference number you were given when you began the quote process, along with your email.

You will be taken to Step 3, shown above, to complete your quote or application.

**Retrieve a Quote**

Please enter your reference number to retrieve the information you previously submitted.

Reference Number\*

Email Address\*

[Retrieve a Quote](#)

# Apply for a DB/PFL Policy

## New York State Disability and Paid Family Leave Benefits Application

**1. Employer Information**

Your reference number is **012345**.

Legal Business Name\*  
NYSIF TESTING, INC.

Federal Tax ID. If you do not have one, enter your SSN\*.

Trade Name or Doing-Business-As-Name

Business Address *must use New York State address, no P.O. boxes.\**  
15 COMPUTER DRIVE WEST

City, State, Zip, Country\*  
Albany NY 12206 USA

Contact Information\*  
MARY TESTER 1234567890 TESTING@NYSIF.COM

Mailing Address (if different than above)

Select Country  
Select A Country

Address

City, State, Zip, Country  
City Select A State Zip Select A Country

Policy Inception Date

Future Inception Date\*  
12/06/2017

Note: Policy Inception Date will be 12:01 A.M. Eastern Standard Time following the postmark date or online submission date, unless a future date is indicated.

Legal Entity Type

Business Type\*  
 Sole Proprietor  Corporation  LLC  Partnership  OLLP  Union  Other

Are you a Not For Profit Corporation?\*

Yes  No

Nature Of Business  
Testing software

Standard Industrial Classification (SIC) Code

Do you have additional entities to add to this policy?  
 Yes  No

[1. Employer Information](#)

[2. Additional Entity](#)

[3. Coverage Information](#)

[4. Payroll Information](#)

[5. Insurance Broker/Representative](#)

[6. Corporate Officers, Owners, Partners or Members of the Organization](#)

[7. Payment Options](#)

[8. Application Submission](#)

### 3. Coverage Information

---

Your reference number is **012345**.

Does your organization desire all employees and corporate officers (officers applicable only to Corporations) working in New York State, as defined in and subject to New York State Disability Benefits Law, to be covered under this NYSIF Disability Benefits Insurance Policy?\*

Yes  No

#### Current Insurance Provider Information (if applicable)

---

Name of current Workers' Compensation Insurance provider

Name of current Disability Benefits Insurance provider

Dollar amount of Disability claims in the last 3 years

[1. Employer Information](#)

[2. Additional Entity](#)

[3. Coverage Information](#)

[4. Payroll Information](#)

[5. Insurance Broker/Representative](#)

[6. Corporate Officers, Owners, Partners or Members of the Organization](#)

[7. Payment Options](#)

[8. Application Submission](#)

### 4. Payroll Information

---

Your reference number is **012345**.

#### Coverage Options For Disability Claim Benefit Levels

---

Premium is determined based upon the level of coverage chosen. NYSIF allows policyholders to choose the level of claim benefit for their employees.

- Statutory Benefit Coverage-50% of average weekly wage up to \$170 per week. (minimum required New York State disability benefits insurance)
- Enriched Benefit Coverage-Indicate desired multiple of the statutory benefit: 1.5x, 2x, 2.5x, 3x, 4x, 5x (provides greater disability claim benefits to qualified employees while satisfying the New York statutory requirement)

#### Employee Contributions for Disability Benefits only

---

Indicate whether employees contribute to disability benefits (DB) insurance premium (do not include contributions toward Paid Family Leave):

No, they do not contribute to DB insurance premium

Yes, they contribute to DB insurance premium

*Employers providing disability benefits insurance are entitled to withhold at a rate limited to 1/2 of 1 percent of the weekly wage of the employee (not to exceed \$0.60 per week for statutory benefits). Employers providing enriched benefits coverage are entitled to an employee contribution reasonably related to the value of benefit.*

#### Disability Benefits (DB)

Males	Females
<p>Number of Covered Employees</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="3"/>	<p>Number of Covered Employees</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="8"/>
<p>Total Wages for All Employees</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="53040"/> <p><small>Subject to an annual cap of 17680 per employee</small></p>	<p>Total Wages for All Employees</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="133760"/> <p><small>Subject to an annual cap of 17680 per employee</small></p>
<p>Total Gross Annual Payroll</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="500000"/>	<p>Total Gross Annual Payroll</p> <input style="width: 90%; border: 1px solid #ccc;" type="text" value="710000"/>



## Paid Family Leave (PFL)

### Males

Number of Covered Male Employees

0

Total Wages for All Covered Male Employees

\$ 0

*(Subject to an annual cap of PFL \$70569.72, per employee)*

### Females

Number of Covered Female Employees

0

Total Wages for All Covered Female Employees

\$ 0

*(Subject to an annual cap of PFL \$70569.72, per employee)*

Do you wish to list a broker?

Yes

No

[1. Employer Information](#)

[2. Additional Entity](#)

[3. Coverage Information](#)

[4. Payroll Information](#)

[5. Insurance Broker/Representative](#)

**[6. Corporate Officers, Owners, Partners or Members of the Organization](#)**

[7. Payment Options](#)

[8. Application Submission](#)

## 6. Corporate Officers, Owners, Partners, or Members of the Organization

List all Corporate Officers, Owners, Sole Proprietors, Partners, Members or Authorized Representatives of the Organization. This information is also required if the individuals reside Out-of-State.

Your reference number is **012345**.

### Officer 1

Application Signer

Country

USA

Home Address (P.O. Box is not acceptable)

123 MAIN STREET

City, State, Zip, Country\*

ALBANY

NEW YORK

12208

USA

Contact Information\*

MARY

TESTER

CEO

✉

TESTING@NYSIF.COM

Covered in Policy?\*

Yes  No

**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.

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

Print Application For Mailing

Submit Application Online

Previous

## Policyholder Services

Use the DBL Links menu at the top to choose "Create a certificate."

### Certificates (Create & Validate)

#### Create a certificate:

Select "Entity Name" from the drop down. If a DBA is listed on the policy and you would like it listed on the certificate, please select DBA from the DBA dropdown. Enter name and address of the certificate holder. Click "Preview Certificate." If all information is correct, save or print.

#### Employer's Application for Certificate of Insurance under the Disability Benefits Law

Complete the following fields and click to view a printable version of the certificate.

Policy Number: DBL 00000-6

Select Entity Name: POLICYHOLDER, INC.

Select DBA: PREMIER TESTING

A PO Box alone is not acceptable.

A street address must be included.

Entity Address: 100 TESTING LANE, ALBANY, NY 12206

FEIN: 000-00-0000

Phone Number: 000-555-1212

#### Certificate Holder Information

Name: ABC CONTRACTING, INC

Street: 111 MAIN STREET

City: ANYTOWN

State: AK 11111 - plus 4 digit zip (optional)

Preview Certificate

Reset

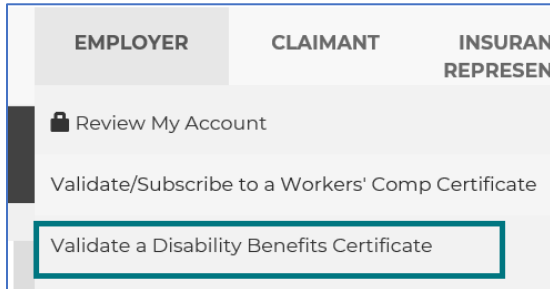
(If you do not see the certificate after choosing "Preview," please minimize the current window as it may have displayed behind your open browser.)

#### CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>POLICYHOLDER, INC. DBA PREMIER TESTING 100 TESTING LANE ALBANY, NY 12208</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured (518) 555-1212</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 000000000</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>ABC CONTRACTING, INC. 111 MAIN STREET ANYTOWN, AK 11111</p>	<p>3a. Name of Insurance Carrier <b>New York State Insurance Fund (NYSIF)</b></p> <p>3b. Policy Number of Entity Listed in Box "1a" DBL 00000-6</p> <p>3c. Policy effective period 03/13/2009 to 03/13/2018</p>
<p>4. Policy covers:</p> <p><input checked="" type="checkbox"/> A. All of the employer's employees eligible under the New York Disability Benefits Law</p> <p><input type="checkbox"/> B. Only the following class or classes of employer's employees:</p>	

## Validate a Certificate

Visit [nysif.com](https://nysif.com), choose Employer, and choose Validate a Disability Benefits Certificate. You can also save this link as a bookmark for direct access: <https://nysif.com/DBL/Tools/Validate/Certificate.aspx>.



If the policy is not valid, a message will be returned stating:

### Disability Certificate Validation

To validate a Certificate of Insurance, enter the Policy Number and Certificate Number, as shown on the Certificate.

Policy Number:

Certificate Number:

A Certificate of Insurance was issued under this policy number with the following information:

Policyholder: POLICYHOLDER, INC.  
Issue Date: 7/7/2017

The certificate cannot be validated. Please check that the policy and certificate number are correct.

## Document Retrieval

Expand the Documents box to view the Document Retrieval link. Choosing this link will direct you to a drop-down that will display your DB Info Pages and DB monthly bills. (If you have a consolidated online account, you will also see your workers' compensation documents, as in the example shown.)

## Document Retrieval

### Search documents

To search documents, select document type, group number and/or NYSIF policy Number, and date range, then click Search Documents.

Select a Document Type

- Info Pages
- DP517
- SELF AUDIT
- Claim Information
- Payment Arrangement
- DBL Info Pages
- DBL Monthly Bills

## Info Pages:

To search documents, select document type, group number and/or NYSIF policy Number, and date range, then click Search Documents.

Document Type  
DBL Info Pages

Policy Number  
9876543

The date range is limited to three years for search by policy and displays up to the current day, if no date range is specified.

Start Date(optional)  
mm/dd/yyyy

End Date(optional)  
mm/dd/yyyy

**Search Documents**

<u>Envelope ID</u>	<u>Transaction Date</u>	<u>Category</u>	<u>Details</u>	<u>Description</u>
<a href="#">67074960</a>	11/04/2019	DB Payroll Reports	DB Online Payroll Report Reminder v.2	DBL Payroll Reports
<a href="#">66836365</a>	10/22/2019	DB Endorsement	DBL Standalone Endorsement v.2	DBL Endorsements ASD
<a href="#">66232080</a>	09/18/2019	DB Renewals	DBL Information Page - Endorsement v.2 DBL Interest and Service Charge Endorsement v.3 DBL Information Page - Schedule v.2 DBL Return of Premium Endorsement V.3 DBL Rate Endorsement v.2 DB-120 - Notice of Compliance DB PFL Notice of Compliance (PFL-120) DBL Renewal Information Page v.2 DBL Selection of Coverage Cover Letter DBL Renewal v.4	DBL Info - Renewals ASD
<a href="#">66232080</a>	09/18/2019	DB New Policy	DBL Information Page - Endorsement v.2 DBL Interest and Service Charge Endorsement v.3 DBL Information Page - Schedule v.2 DBL Return of Premium Endorsement V.3 DBL Rate Endorsement v.2 DB-120 - Notice of Compliance DB PFL Notice of Compliance (PFL-120) DBL Renewal Information Page v.2 DBL Selection of Coverage	DBL Info - Renewals ASD

## DB Bills

**Search documents**

To search documents, select document type, group number and/or NYSIF policy Number, and date range, then click Search Documents.

Document Type  
DBL Monthly Bills

Policy Number  
9876543

The date range is limited to three years for search by policy and displays up to the current day, if no date range is specified.

Start Date(optional)  
mm/dd/yyyy

End Date(optional)  
mm/dd/yyyy

**Search Documents**

<u>Envelope ID</u>	<u>Transaction Date</u>	<u>Category</u>	<u>Details</u>	<u>Description</u>
<a href="#">71276729</a>	06/02/2020	Other	DBL Monthly Bill v3	DBL Bills Sample Monthly
<a href="#">66540376</a>	10/02/2019	Other	DBL Monthly Bill v3	DBL Bills Sample Monthly
<a href="#">61574968</a>	02/02/2019	Other	DBL Monthly Bill v1	DBL Monthly Bill
<a href="#">60954558</a>	01/02/2019	Other	New Bills "Its Here" Flyer DBL Monthly Bill v1	DBL Monthly Bill
<a href="#">59081720</a>	10/02/2018	Other	DBL Monthly Bill v1	DBL Monthly Bill

## Report Payroll

Choose Report Payroll from your menu. Choose the policy period and click "View Report."

### Payroll Report

Please select an outstanding report date from the list below.

Outstanding Report Dates:

07/01/2016 - 07/01/2017

07/01/2015 - 07/01/2016

07/01/2014 - 07/01/2015

[View Report](#)

### Payroll Report

Policy Number: 0123456

Primary Entity Name: ACME FENCE CO

Address: 123 MAIN STREET  
ANYTOWN, NY 10000

Policy Period: 11/2/2017 To 11/2/2018

Payroll Report Period: 11/02/2017 To 11/02/2018

#### I. EMPLOYEE INFORMATION FOR PREMIUM CALCULATION - DISABILITY BENEFITS

[Need Help Entering Payroll Report?](#)

##### (a) Gross Payroll:

Total gross payroll for all covered male and female employees.

Whole Dollar Amounts Only. If none, enter 0.

### Section I – Disability Benefits

(a) Gross Payroll – Gross wages are a total of actual wages for all covered employees

Calculating Wages: The capped wage\* for an employee is limited to a maximum of \$17,680 per year. If an employee's annual wage is less than \$17,680, please use the employee's actual wages.

**Example:** A business has three (3) male employees during the year: Two (2) of them earn more than \$17,680 per year and one (1) earns \$13,000 per year. Total capped wages would be \$48,360 (\$17,680 + \$17,680 + \$13,000 = \$48,360).

*\*If your policy has enriched benefit coverage, multiply \$17,680 by the enrichment factor (1.5, 2, 2.5, 3, 4 or 5) for the limited capped wage amount.*

##### (b) Limited Wages

- Enter the total number of male employees covered for the period indicated
- Enter the total capped wages for male employees covered for the period indicated
- Enter the total number of female employees covered for the period indicated
- Enter the total capped wages for female employees covered for the period indicated

##### (b) Limited Wages:

Enter below the total number of covered male and female employees and the limited wages for each. These employee wages are limited to a maximum of \$17,680.00/year per employee. If an employee earns less than \$17,680.00 per year, then their actual wages should be reported. If an employee has earned more than \$17,680.00, then only the first \$17,680.00 of their wages should be provided.

###### Male

Number of Covered Employees

Limited Employee Wages

###### Female

Number of Covered Employees

Limited Employee Wages

Whole Dollar Amounts Only. If none, enter 0.



## Section II – Paid Family Leave

### Calculating Wages:

- For periods in 2019, the capped wages are limited to a maximum of \$1,357.11 per week per employee.
- For periods in 2020, the capped wages are limited to a maximum of \$1,401.17 per week per employee.
- If an employee's weekly wage is less than either cap, please use the employee's actual wages. Multiply capped weekly wages by the number of weeks in the indicated period.

**Example A:** A business has three (3) female employees during a 48-week period: Two (2) of them earn more than \$1,357.11 per week and one (1) earns \$1,000 per week. Total capped wages would be \$178,282.56 ( $\$1,357.11 + \$1,357.11 + \$1,000 = \$3,714.22 \times 48 \text{ weeks} = \$178,282.56$ ).

**Example B:** A business has three (3) male employees during a 4-week period: Two (2) of them earn more than \$1,401.17 per week and one (1) earns \$1,000 per week. Total capped wages would be \$15,209.36 ( $\$1,401.17 + \$1,401.17 + \$1,000 = \$3,802.34 \times 4 \text{ weeks} = \$15,209.36$ ).

**II. EMPLOYEE INFORMATION FOR PREMIUM CALCULATION - PAID FAMILY LEAVE**

Enter the total number of covered males and females and their capped wages for the period of 01/01/2018 - 11/02/2018. These employee wages are limited to a maximum weekly wage of \$1,305.92 per employee.

**Male**

Number of Covered Employees

Employee capped wages

**Female**

Number of Covered Employees

Employee capped wages

Whole Dollar Amounts Only. If none, enter 0.

1. Enter the total number of male employees covered for the period indicated.
2. Enter the total capped wages for male employees covered for the period indicated.
3. Enter the total number of female employees covered for the period indicated.
4. Enter the total capped wages for female employees covered for the period indicated.

### (b) Payroll Deductions

Choose the appropriate box.

### III. Certification

Choose accept or decline, complete the fields and submit your payroll report.

**(b) Payroll Deductions:**

Indicate whether employees contribute to DB premium (do not include contributions toward PFL).

Yes, employees contribute to DB insurance premium.

No, employees do not contribute to DB insurance premium.

**III. CERTIFICATION (Must Be Completed)**

I signify that, by logging in using the Policyholder's user code and password, I am acting in the capacity of owner (if the Policyholder is a sole proprietorship), corporate officer, partner, member or manager of a limited liability company, and that I have the authority of an authorized User, under the Terms and Conditions for Online Transactions, to act on behalf of the Policyholder with respect to the on-line payroll reporting system.

I hereby certify that the submitted payroll information is a true and complete statement and am subject to all laws of the State of New York for fraudulent statements or misrepresentation of employee or policyholder payroll submitted herein.

Accept  Decline

Document Number: D. 99999999

Title:

Name:

Phone:

(Click once only)

## Estimate Premium

Use our premium calculator to estimate a policy's premium.

### Premium Calculator

#### Disability Payroll

**STATUTORY**  
Disability insurance claim benefits equal  $\frac{1}{2}$  the average weekly wage of the employee, up to a maximum of \$170 per week for 26 weeks (if required) within a 52 week period.

**ENRICHED**  
Disability insurance claim benefits equal  $\frac{1}{2}$  the average weekly wage of the employee, for the "Selection of Coverage" at the "Maximum Weekly Claim Benefit", for 26 weeks (if required) within a 52 week period.

#### Choose One

Statutory Benefit Coverage (minimum required New York State disability benefits insurance)

Enriched Benefit Coverage

#### Male

Enter number of covered employees

Enter limited\* employee wages

#### Female

Enter number of covered employees

Enter limited\* employee wages

\*Annual premium for Disability Benefits Insurance is calculated based on an employee's estimated annual wages. Wages are limited to the first \$17,680 each employee earns during a policy period. If an employee is expected to earn less than \$17,680 during the policy period, then the lower amount should be provided. If an employee is expected to earn more than \$17,680, then only the first \$17,680 of their wages should be provided.

### Paid Family Leave (PFL) Payroll

#### Male

Enter number of covered employees

Enter limited\*\* annual wages

#### Female

Enter number of covered employees

Enter limited\*\* annual wages

\*\*Annual premium for Paid Family Leave coverage is calculated based on an employee's estimated annual wages. For 2019, annual wages are limited to the first \$ each employee earns. If an employee is expected to earn less than \$ annually, then the lower amount should be provided. If an employee is expected to earn more than \$ annually, then only the first \$ of their wages should be provided.

# Claims Services

## Claims Payment Report

DB representatives can access a claims summary for a policy by choosing "Claims Payment Report" from your menu. Enter the beginning and end dates for the period needed and run the report with a single click. A spreadsheet will be generated containing claimant and payment data, including start and end dates.

Claims payment information is provided to DB policyholders so that the employer can report the appropriate FICA information in its quarterly and annual tax filings as required by the IRS.

### Claims Payment Report

**Policy Number:** 0123456-7

**Select Payment Info:**

**Start Date:**

**End Date:**

Note: The start date for the date range can only go as far back as the beginning of the year, 7 years ago.

Note: The date range cannot be more than 4 year(s).

DB Claims Payment Report													
Claim Number	Claimant Name	SSN	Payment to	Paid date	Draft Number	Start Date	End Date	Gross Amount	Net Amount	FICA Amount	SSFICA Amount	Med FICA Amount	Taxable Amount
XD3/205	John Nysif	XXX-XX-4XX4	Claimant	11/13/14	X311X8	6/10/14	9/2/14	\$2,040.00	\$1,773.94	\$156.06	\$126.48	\$29.58	\$2,040.00
XD3/603	Mary Nysif	XXX-XX-4XX4	Claimant	11/12/14	X31025	10/21/14	10/28/14	\$170.00	\$156.99	\$13.01	\$10.54	\$2.47	\$170.00
XD3/603	Mary Nysif	XXX-XX-4XX4	Claimant	11/3/14	X29998	10/28/14	11/4/14	\$170.00	\$156.99	\$13.01	\$10.54	\$2.47	\$170.00
XD3/603	Mary Nysif	XXX-XX-4XX4	Claimant	11/12/14	X31026	11/4/14	11/18/14	\$340.00	\$313.99	\$26.01	\$21.08	\$4.93	\$340.00
XD3/603	Mary Nysif	XXX-XX-4XX4	Claimant	11/21/14	X3218X	11/18/14	11/24/14	\$136.00	\$125.60	\$10.40	\$8.43	\$1.97	\$136.00