Quick Reference Guide – How to Update A Policy



Overview

Your business and coverage needs may change throughout the year. To ensure updates are accurately reflected in your policy coverage and premium, it is important that NYSIF has your most up-to-date business information. After submitting your request, a NYSIF policy representative will review your information and you will be notified when your policy has been updated.

What Policy Information Can I Update?



Key Steps:

3



Provide requested information and click "Submit" to complete.







4

You will see a "Success" screen as confirmation of your submission.



Sometimes a change in business can have a broader impact on your coverage. We encourage you to submit all applicable business and coverage changes by clicking on all the appropriate update button(s).

Please note **you will not be able to save your progress when updating policy information**. First, collect all the required information you will need and plan to submit your updates in one browser session.



Quick Reference Guide – How to Verify Payroll Online



Overview

Your billed premium is based on the payroll estimate you provide at the beginning of the policy year. Payroll verification is necessary in order to reconcile any differences between the estimate and actual payroll in a policy year.

What will I need?





Business Name, FEIN, Business Type, Mailing Address, and Business Contact Info



Owner, Officer, Member, Partner Information (Manual Class Codes, and Total Gross Wages)



Worker Information (number of employees, total gross wages, overtime, etc.)



Other Wage Information (1099 Payment, Casual Labor, Leased/Subcontractor information, and total gross revenue)

Verify payroll for a Domestic Workers' Comp Policy...



Household Name, SSN, Mailing Address, and Contact Information



Worker Information (number of domestic household workers, and number of locations)

Key Steps:



Log into the portal and click on the "Report & Verify Payroll" button.





Verify all required fields on each page. Click "Next" to continue. Review the summary page; click "Submit."

JONES BROS	Report & Verify Payroll
Summary	Report a verify rayion
Please verify the accuracy of the information below. Select edit to revise information before submitting.	
Policyholder Information	
Policyholder Name Legal Entry	
20/HS BROS Corporation Employer landmatine Number Address 000000000 00000000	
E2 MAIN STREET	
Phone Email	
556-55-122	Then have a Mean neuronal have been repeated as a second with a
vizin (per 982 - ATHETC PARKS-OPER OF PREMADRVRS	I nank you. Your payroll has been reported successfully.
Yes, I confirm my information is correct Edit	
Owner, Officer, Member and Partner Gross Wages Edit	You will receive a confirmation email and be notified when the results of your payroll verific available for your review.
Name Tole Manual Class Total Cross Wages for the Period	
Betty Bananus President 9182 - ATHLETIC PARKS-OPER OF 5560,00000 PREMADRIVES	
Total Gross Wages (all employees including Owner, Officer, Member and Partner by work type)	Return to my Home Page
Manual Class # of Employees Total Cross Wages for the Period Overtime included in Total Cross Vages	
9182 - ATHLETIC PARKS-OPER OF 10 \$560,000.00 \$0.00 PREMADRYRS	
Other Wage Information Edit	
Did you have 1099's employees for the period? no	
Did you use casual labor for the period? no	
Did you lease employees to or from other employers? no	
Did you employ any unpaid individuals? no	
Did you utilized any subcontractors for the period? no	
Tatal Gross Revenue 88.000.000.00	
Chargeable Payroll Summary	
Manual Class Total Amount of Cross Overtime Officer, Member, Partner 1099 Casual Labor Chargeable Visiges Adjustment Adjustment Adjustment Payments Payments Payrel	
982-ATHLETIC PARKS-OPER OF \$560,000.00 -40.00 -4445,600.00 \$0.00 \$0.00 \$14,400.00 PREMADRIVES	
Total \$560,000.00	
by checking this loss, hiereby certify that it am the preparer named above, and to the best of my knowledge, all of the information contained in this payoid verifications to use and accurate. Further, i advanced by the valuation of the valuati	
Back Save & Access Later Submit	



Click the "Initiate" button beneath the respective policy.





You will see a "Success" screen as confirmation of your submission

To save your report progress, click "Save & Access Later." You will be asked to confirm your email address. You'll receive a notification in the portal and be able to come back later and continue your payroll report.

Need to change something on the Summary page? Click "Edit" next to the appropriate section you wish to update.



NYSIF

Quick Reference Guide – How to Create & Manage Certificates

Overview

The online portal provides you with easy-to-use self-service options to create, renew, delete, or duplicate and edit a certificate. The "Duplicate & Edit" functionality allows you to quickly create a new certificate by using data from an existing one.

What will I need and What can I do? What be need to create a certificate? Available actions to manage your certificates: Image: a spoil of prime information such as policy number, entity name, associated location, and valid policy period Image: Certificate holder information, including certificates Image: Certificate holder information, including certificates Image: Certificate holder name and address Image: Certificate options such as automatic renewal options and email recipients of certificate Image: Certificate from an Existing Certificate Image: Image

Key Steps – Create a Certificate:



Complete all required fields on each page. Click "Continue" to move to the next page.

On the Certificate Options page, choose your options and click "Create." The confirmation screen will offer the chance to view or download the certificate.



Key Steps - Renew Certificate(s):



Select the certificate(s) from the table to renew; click "Renew."

sidate or subscribe t	o an existing certificate.	anty, nere you can take commor	actions to help you manag	pe your certificati	15.		
Viewing for:	DONES BROS BUILDING & EXCA	VATING CO LLC	NID On				
	o, seech by certricate in		00			CERTIFICAT	
eck the box of a cer	tificate and then click the appr	opriate action button.					
Renew Duplicate	& Edit Hide from View						
- A.L	Certificate Number	Certificate Holderø	Job ID	Statuse	Start Date ø	End Date Ø	View
Select All			4211223412412333	Active	07/17/2023	07/17/2024	
Select All	001234	JOHN'S CONTRACTORS					
v	001234	JOHN'S CONTRACTORS	42112234124123	Active	07/17/2023	07/17/2024	
v v	001234 001235 009876	JOHN'S CONTRACTORS ACME FENCE CO TESTERS, INC	42112234124123 12412333	Active	07/17/2023	07/17/2024	







To renew multiple certificates, click the appropriate selection on the summary screen

Renew selected certificate(s)?							
Your selected certific originally provided as	ate(s) will be renewed for o n email address when first	one additional policy p created. Additional co	eriod. A copy will be pies can be downlo	e sent to any recipier aded from the My C	nts for whom you ertificates page.		
Certificate Number	Certificate Holder	Job ID	Status	Start Date	End Date		
001234	JOHN'S CONTRACT	4211223412412333	Active	07/17/2023	07/17/2024		
998765	BETSY'S GENERAL C	Proj 1234	Active	07/17/2023	07/17/2024		
No, Cancel Yes, Renew							



Key Steps – Duplicate & Edit a Certificate:



Select one certificate from table to duplicate, click "Duplicate & Edit."

Please enable pop-ups on certificate provides pro alidate or subscribe to a	your browser to use these feature of of insurance to another p <u>n existing certificate</u> .	res. sarty. Here you can take commor	actions to help you manag	e your certificati	15.		
Viewing for: 30 Find a Certificate:	NES BROS BUILDING & EXCA	WATING CO LLC -	5 ID Co			CREATE NEW	w
eck the box of a certifi	cate and then click the appr	opriate action button.					
Select All	Certificate Number	Certificate Holderø	Job ID	Status@	Start Date ¢	End Date Ø	View
	001234	JOHN'S CONTRACTORS	4211223412412333	Active	07/17/2023	07/17/2024	
	001235	ACME FENCE CO	42112234124123	Active	07/17/2023	07/17/2024	
						antataaa	
	009876	TESTERS, INC	12412333	Expired	07/17/2022	07/17/2023	=



2

Review and update information on the pop-up screen, click "Create"

- oneyneraer summary				
Policy Number	01234567			
Insured's Name	JONES BROS. BUILDIN	IG & EXCAVATIN	o do Luc	Ŧ
Insured's Address	123 MAIN STREET; ALB	ANY, NY 00001		Ŧ
Policy Period	07/17/2023-07/17/2024			Ŧ
Certificate Holder Sum	mary			
Certificate Holder Name	SIF TESTERS			
Certificate Holder Address	Country			
	United States			Ŧ
	Address			
	15 Computer Drive We	st		
	Address2			
	Please Enter Certificat	e Holder Address		
	City	51	to	
	Albany		iew York	-
	Zip Code			
	12205			
Certificate Options Sur	nmary			
Certificate Renewal Plan	Automatically renew for	or 1 year		Ŧ
Job Description (ID) Optional				
Email Certificate To Optional				
	Add another res	sipient		
Advance Notice	Add Advanced Notice Claure to Certificate			



The confirmation screen will offer the chance to view or download the cert.

New York State Insuranc	CERT	IFICATE OF WORKE	1 5' CC	DI	PO Box 666	99, Albany, NY 1: nysif.c
A A A 012345678901 JONES BROS, BUI EXCAVATING CO L 123 MAIN STREET ALBANY NY 00001	LDING & LC				E SA SCAN AND	TO VALIDATE SUBSCRIBE
POLICYHOLDER JONES BROS, EXCAVATING O 123 MAIN STRE ALBANY NY 00	BUILDING O LLC ET 001	3 &			CERTIFICATE HOLDER Proj 1234 BETSY'S GENERAL CONTRACTORS 15 Computer Drive West Albany NY 12205	
POLICY NUME N 01234567	ER	CERTIFICATE NUMBER 998765			POLICY PERIOD 07/17/2023 TO 07/17/2024	DATE 8/7/2023
THIS IS TO CERT FUND UNDER I WORKERS' COM OPERATIONS IN OUTSIDE OF NEV IF YOU WISH TO F OR TO VALIDATE YORK STATE INS THIS POLICY DOE THIS CERTIFICAT COVERAGE UPC	IFY THA POLICY PENSATI THE STA V YORK, V YORK, ECEIVE I THIS CEF URANCE S NOT CO TE IS ISS N THE	T THE POLICYHOLDER NAME NO. 012 345-67, COVERING ON UNDER THE NEW YOO TE OF NEW YORK, EXCEPT TO THE POLICYHOLDERS'S INOTHICATIONS REGARDING THIFCATE, VISCHTOUR WEBSI FUND IS NOT LIABLE IN THE JVER THE SOLE PROPRIETOF ULED AS A MATTER OF IN CERTIFICATE HOLDER.	ED ABOY THE RK WO AS IM REGULA SAID PO TE AT HI EVENT R, PARTM IFORMA THIS C		E IS NEUMERY WITH THE NEW YORKS WITHE COLLARY OF THE POL RETRE COLLARY OF THE POL RETRE COMPENSATION I AW WITH R RETRE COMPENSATION I RESPECT NEW YORK STATE EMPLOYES ONL COLUMN AND DARY DIFFICATION OF PS/NWW MYSIF COMCERTICETIVAL FAILURE TO GUE SUCH NOTIFICATI ERS AND/OR MEMBERS OF A LIMITED LIA CON ORLY AND CONFERS TO ROTTED RETREVATE DOES NOT AMEND, EX RETREVATE DOES NOT AMEND, EX	TATE INSURAN CYHOLDER F ESPECT TO TO OPERATI , CANCELLATIO S.P. THE NEW ONS. BILITY COMPA NOR INSURA TEND OR AL

Use the "Hide" option to hide unwanted certificates from the "Manage Certificates" table view. You can hide one or multiple certificates at a time. You will need to contact your policy representative if you have accidently removed a certificate that you need.



Quick Reference Guide – How to Request a Quote



Overview

Use the Policyholder Portal to easily request a quote for workers' compensation coverage from NYSIF.

What will I need?

If you are seeking coverage for your business....



Business Name, FEIN, Business Type, and Additional Entities / Subsidiaries (if any)



Mailing Address, Physical Location, and Additional NY Locations (If any)



Ownership, Payroll & Class Code Information, Claims History, and Requested Policy Start Date



Household Name, SSN



Mailing Address, Physical Location and Additional NY Locations (if any)

If you are seeking coverage for your household workers...



Household Worker Type and Information, Requested Policy Start Date

Key Steps:







Select your Business Type or check the box for household workers

Request a Quote	1			
Business Information	Location Details	Management & Operations	Review & Submit	
	Let's get	t started.		
WI If you ar	hat's your FEIN (Federal e seeking coverage for your hou	Identification Number)? usehold, you can enter your SSN ir	• nstead.	
🔂 This information i	s protected and not shared. Ent	ter your nine-digit FEIN/SSN witho	put any dashes ("-").	
Don't h	ave an FEIN? Don't wor	rry, it's easy. Apply for one	here.	
To see a quo	te you received prior to	today, you can <u>search for</u>	your quote	
Васк			Next	





Complete all required fields in each section. Click "Next" to move on.

Request a Q	uote		
Business Information	Location Details	Management & Operations	Beview & Submit
	Tell us about the owners	nd officers of your busine	955,
	First Name: Betsy	Last Name: Tester	
	Phone: (+1) (518)555-1212	Email: betsy@nysif.com	
	Title:	Estimated Salary	
	 Include this individual in my polic; 	/ coverage.	
Would	d you describe the above office administra	er's duties as strictly execu ative in nature?	tive, clerical or
	✓ Yes, this accurately describes their duties	× No, there are additional duties not lis	ited above
	(+) Add	another officer	
Back			Save & Access Later Next



5

8

Business Information		
FEIN 999999999	Business Name Botsy's Castle	Business Type LLC
Location Details		
Physical Address Edit	Mailing Address Edit	
15 Computer Drive West	15 Computer Drive West	
Albany, NY 12205	Albany, NY 12205	
Management & Operations		
Owner / Officer Information		
Betsy Tester		
(*1) (510)555-1212		
betsy@nysit.com		
Title President		
Estimated Salary \$100,000		
Coverage? Ves		
Administrative Yes		
Business Operations Eat		
Main Business Operations bananas		
Work Description 0007 - Fruit Farms		
Estimate Annual Payroli \$2,000,000		
# of Employees 10		
Additional Details Edit		
Subcontractors? No	Leased Employees? No	Any Claims in No
Review & Submit		

You will see the premium



Create an account or login using your existing account.

Request a Quo	te		
Business Information	Location Details	Management & Operations	Review & Submit
In order to request fo account or login	or coverage, you need a a using your account by c	NYSIF user account. Plea clicking on the applicable	se set up NYSIF user e buttons below.
	Don't have : Sign U	an account? Ip Here	
	Have an accou	int? Login Here	

Click "Get My Quote" to submit your quote request.

OR

You will see the pending NYSIF review screen.



If you have requested a workers' compensation or domestic workers' policy before, we may pre-populate some information. Use the "Yes" or "No" button to confirm and/or edit any applicable pre-populated data.

Click "Save & Access Later" and provide email address to save your quote request progress. You will receive a unique link via email. Open the link to resume completing and submitting your quote request.



Quick Reference Guide – How to Apply for Coverage



Overview

Once you have submitted your quote request and your pricing details have been calculated, you will receive an email with a unique link to access your quote information. To apply for coverage, log into your account to complete your application.

What will I need?



"Your Quote is Ready" email from NYSIF with unique link to access quote and premium calculation, and business zip code



NYSIF user account login credentials used when submitting the quote request



Authority to e-sign the application and a valid bank account or credit card to pay the deposit

Key Steps:



Click the link in the email and log in. Click on "Apply for Coverage Now" on the premium calculation screen.

and, see as	
Your Quote is	Ready!
Quote for 777 star	(8441886)
START FOR AS LITTLE AS	\$441.71
WITH	
NINE PAYMENTS OF	\$147.24°
FOR A	
TOTAL ANNUAL POLICY COST OF	\$1,766.84
View Detailed Price Breakdown	•
	COMMUNIC TO A

Sign, and save a copy for your files. You will be directed to our payment vendor for your deposit payment.

Donel Select Finish to send the completed document. FINISH OTHER ACTIONS •	(i) Review Your Payment Details	
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O THE KINDS OF WORK WHICH THE BUEINESS IS DOING O THE SIZE OF OUR WORK/ORCE O THE SIZE OF OUR PAYROLL	\$747.20 Jun 30, 2020	Your payment was successful
The Business United and the State State State Cruce Pint or Type Name of Owner, Partner or Officer State State State The State State Th	Application Number Pay By Service Fee Deposit Due Total 000999888777 \$103 \$16.44 \$730.76 \$747.20	Your payment of \$74720 has been processed. Done Done Done Done Done Done Done Done
Testing Nysir	Total Payment 5747.20	A payment reteror ras oeen enwiee to essinguriya com.
Applicant, please note:	A receipt will be sent to Sector and the sent to A receipt will be sent	Policy Number Confirmation # Details Status Amount
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	Back Pay \$747.20	1
I IF YOU HWE ANY QUESTIONS REGARDING INS APPLICATION FLEASE CONTACT: Underwrtein Phone Number: Plan Number: Einwit:		
To apply for coverage, your quote m and editing responses on a previous request (navigate to the NYSIF webs	ust be issued within the last 60 days. You can ly issued quote from the premium calculatio ite and click on "Get a Quote").	submit a new quote by copying n page or by initiating a new quote
To retrieve an existing quote, use "Se email address provided on the existi	earch for my Quote," located on the first page ng quote. If a match is found, your quote em	of the quote request. Enter the ail will be resent to that address.
	Have a Question?	



Select the designated business personnel to e-sign application. You will then be directed to DocuSign for e-signature.

Electronically sign	and pay online.	2.				
Please note that completing	the process online v	will expedite proc	essing.			
Identify the signing of	employer					
O Bobby Spark (bs	spark@invalid.or	rg)				
We will notify the signer v	via email.					
I agree to the New	v York State Insu	urance Fund U	er Agreement a	nd Privacy Pol	icy.	
			Submit			





as confirmation of your payment

Donel Select Finish to send the completed document. FINISH OTHER ACTIONS •	(i) Review Your Payment Details	
Q. Q. 🗗 Ø	0	0 0 0
CALCULATE MY WORKERS' COMPENSATION INSURANCE PREMIUM. I ALSO UNDERSTAND THAT I HAVE A CONTINUING OBLIGATION TO NOTIFY THE NEW YORK STATE INSURANCE FUND OF MY CHANGES IN:	Total Payment Payment Date	Look Up Add Check Out Dene
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O THE SIZE OF OUR WORKFORCE		O rour payment was succession
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Print or Type Name of Owner, Partner or Officer Signature of Owner, Partner or Officer	Approcesses 777	Your payment of \$747.20 has been processed.
Testing Nysit	000333082/1/	A payment receipt has been emailed to testing@rysif.com. Done
6/26/2019	Total Payment \$747.20	PRINT RECEIPT
	A receipt will be sent to	Send Your Feedback
Appears, peake note: INFORMATION YOU PROVIDE IS PROTECTED BY THE PERSONAL PRIVACY PROTECTION LAW	testing genysit.com	Policy Number Confirmation # Details Status Amount
The authority to obtain the personal information requested herein is found in Section 63 of the Worken' Compensation Law as supplemented by Section 450, 1453 3 and 450.5 of Chapter VI of Tele 13(c) of the Official Compliation of Codes, Rules and Regulations of the State of New	Please note the full emount of the \$16.44 fee is passed to KUBRA as the provider of the service.	000999888777 123456789 Processed successitury 2700 \$747.20
York. The principal purpose for which the information is scorph is to assist the New York. State Insurance Fund in processing your insurance coverage with the New York. State Insurance Fund and its release is generated by the Initiations of the Present Principal Principal Court Into Information will be maintained to the Difference of Experimental New York. State Insurance Principal Principal Principal Court Principal Pri	By cliding Pay, lagree to the fee and the Terms & Conditions.	Total Payment \$747.20
The second second second second second second second second grades in the second s	Back Pay \$747.20	
IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION PLEASE CONTACT.		
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To retrieve an existing quote, use "Sear email address provided on the existing	rch for my Quote," located on the first page o gquote. If a match is found, your quote email	the quote request. Enter the will be resent to that address.

el Select Finish to send the completed document. FINISH	(i) Review Your Payment Details		
Q Q TO O	HAVE A		Look Lip Add Chel Cut
CONTINUING OBJIGATION TO NOTIFY THE NEW YORK STATE INSURANCE FUND OF ANY CHAN O THE KINDS OF WORK WHICH THE BUSINESS IS DOING O THE SIZE OF OUR WORK/ORCE	GES RC Tool Payment Payment Date \$747.20 Jun 30, 2020		Vour payment was successful
0 THE SIZE OF OUR PAYROLL 0 THE BUSINESS OWNERSHIP OR BUSINESS STRUCTURE			
Print or Type Name of Owner, Partner or Officer Signature of Owner, Partner or Officer	Application Number Pay By 000999888777 9 (3130)	\$16.44 \$730.76 \$747.20	Your payment of \$74720 has been processed.
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Applicant, please note: INFORMATION YOU PROVIDE IS PROTECTED BY THE PERSONAL PRIVACY PROTECTION LAW	Text -		Policy Number Confirmation # Details Status Amount O0090988777 128456789 Processed successfully #780 \$747.20
The authority to data the personal information requested hermins favoral in Section 16. of the Worker' Compensation Laws except by belooks 46(4), 14.03 and 40.05 of Lawper V of Thes 12 (5) of the Ofend Conduct Alexan and Codes, Ruise a Magazianov of the Magaziano	Januarahi Januarahi Ramanda - ²³ Pases non-th-full amount of the 516.41 ke to passed to KUBUA as the provider of the s 4 Law. The 0 U cloting Pay. Lagrees to the fee and the Terriss & Candidana.	Dev 6747.00	Total Psymeet \$747.20
IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION PLEASE CONTACT:	Back	Pay \$747.20	
Underwitter: Phone Number: Fax Number: Email:			
To apply for coverage, your and editing responses on a request (navigate to the N	r quote must be issued within the a previously issued quote from th YSIF website and click on "Get a (e last 60 days. You ca e premium calculatio Quote").	n submit a new quote by copying on page or by initiating a new quote
To retrieve an existing quo email address provided on	te, use "Search for my Quote," loc the existing quote. If a match is t	cated on the first pag found, your quote en	e of the quote request. Enter the nail will be resent to that address.



Quick Reference Guide – How to Cancel/Reinstate My Policy



If you no longer need coverage from NYSIF, you can initiate a policy cancellation from the portal. Portal notifications and policy status help you track your cancellation progress. If you change your mind about cancellation, you can easily reinstate your policy. If your policy is canceled due to non-payment or if more than five days passed from your cancellation effective date, you will need to contact your policy representative to discuss your reinstatement.

Key Steps – To Cancel Your Policy:



Key Steps – To Reinstate your Policy:





You will see a "Success" screen as

confirmation of your request.

Insurance Poli	су му wc	My DB		
Workers' Compensat	tion			
JONES BROS BUILDING &	Annual Premiu \$2,171.60	n Policy Pe 07/17/202	riod Status 23 - 07/17/2024 Active	

After your reinstatement request is

processed, you will see your policy

status update to "Active"





123 MAIN STREET, ALBANY, NY 00001



Your policy status will be updated to "Pending Cancellation" after your request is processed and the effective cancellation date has been validated. Your policy status will show as "Cancelled" once the effective date has been reached.

Your requested effective cancellation date may not be determined as the final effective date.

