



New York State Insurance Fund

PO Box 66699; Albany, NY 12206  
nysif.com

**REQUEST FOR INCLUSION OF ADDITIONAL INTEREST**

We, the undersigned, hereby request that the entity named below be included in the coverage of

**WC Policy:** \_\_\_\_\_, as of **12:01 A.M.** \_\_\_\_\_

Name of entity to be included \_\_\_\_\_

Mailing address \_\_\_\_\_

Locations to be covered \_\_\_\_\_

**R.B. File Number:** \_\_\_\_\_

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

|  | PRESENT INTEREST | ADDITIONAL INTEREST |
|--|------------------|---------------------|
| <b>1. Name of Entity</b>   |                  |                     |
| <b>(a) F.E.I.N.</b>  |                  |                     |
| <b>2. Individual, Partnership, Corporation, Limited Liability Company, Unincorporated Association or Fiduciary.</b>              |                  | (See Note Below)    |
| <b>3. Ownership</b>  |                  |                     |
| <b>(a) If not a corporation or partnership, list names of owners and their respective percentages of ownership.</b>              |                  |                     |
| <b>(b) If a partnership, list the full name of each general partner and his participation in the profits of the partnership.</b> |                  |                     |
| <b>(c) If a corporation, list the names of owners of 5 % or more of the voting stock and the number of shares owned by each.</b> |                  |                     |
| <b>4. Total number of shares of voting stock of corporation issued.</b>  |                  |                     |

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due NYSIF for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT) \_\_\_\_\_  
TRADE NAME OF PRESENT ASSURED

(PRINT) \_\_\_\_\_  
TRADE NAME OF ADDITIONAL INTEREST

SIGNED BY \_\_\_\_\_  
OWNER, OR OFFICER, IF A CORPORATION

SIGNED BY \_\_\_\_\_  
OWNER, OR OFFICER, IF A CORPORATION

NOTE: If a corporation, complete form U-216, enclosed, in addition to this form



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**INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE**

**Policy Number:** \_\_\_\_\_

**Entity Name:** \_\_\_\_\_

**Nature of Business of this Entity**

\_\_\_\_\_

**Location of this Entity:**

\_\_\_\_\_

**Number of Employees:**

\_\_\_\_\_

**Annual Payroll:**

\_\_\_\_\_

**Please list:**

|   |              |
|---|--------------|
| Name of Executive Officer/Partner or Member/Sole Proprietor | Title/Duties |
| Email Address   | Salary \$    |
| Name of Executive Officer/Partner or Member                 | Title/Duties |
| Email Address   | Salary \$    |
| Name of Executive Officer/Partner or Member                 | Title/Duties |
| Email Address   | Salary \$    |
| Name of Executive Officer/Partner or Member                 | Title/Duties |
| Email Address   | Salary \$    |
| Name of Executive Officer / Partner or Member               | Title/Duties |
| Email Address   | Salary \$    |

I hereby certify that the information given above is completed and accurate in every detail.

\_\_\_\_\_  
**Signature of Name of Executive Officer/Partner or Member/Sole Proprietor**

\_\_\_\_\_  
**Date**