



New York State Insurance Fund

PO Box 66699; Albany, NY 12206  
nysif.com

## Transfer of Interest Agreement

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

1. Date that transfer of interest went into effect \_\_\_\_\_

2. Name of new firm (assignee) \_\_\_\_\_ FEIN \_\_\_\_\_

3. Business address of new firm \_\_\_\_\_

4. Indicate the new form of ownership:

- Individual  
  Partnership  
  Corporation  
  LLC  
  Receiver  
  Trustee  
  Estate  
  Other

**For the purpose of serving notice, as provided in the Workers' Compensation Law, this insured employer agrees that written notice sent to the above address shall constitute valid notice.**

It is understood and agreed that if the new insured employer is a corporation (other than a religious, charitable, educational or municipal corporation or post or chapter of veterans of any war of the United States) premium will be charged for coverage of all executive officers, whether active or inactive, in accordance with the rules of the Manual of Workers' Compensation Insurance. However, if the corporation has only one or two executive officer(s) who also own(s) 100% of the stock and there are no inactive executive officers, the corporation may elect to delete coverage for such executive officer(s).

The assignee named herein, upon the acceptance of this agreement, warrants that he (it or they) is (are) in lawful possession of the policy and is legally entitled to an assignment of the interest of the insured therein named and said assignee agrees to accept such policy and all endorsements duly issued thereunder and assume all obligations therein expressed from the effective date hereinabove mentioned, including liability and responsibility for the payment of any premiums or additional premiums and/or be entitled to any refund which may become due on account of this policy up to the effective date of this assignment of interest agreement. Nothing herein contained shall be held to waive, alter, vary or extend any of the stipulations, agreements or limitations of this policy except as herein stated.

NYSIF shall not be bound by the assignment of interest agreement as herein set forth, unless it consents thereto in writing, such consent to be evidenced by an endorsement which shall be attached to and form part of.

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

5a. ISSUED TO: \_\_\_\_\_  
(NAME OF FIRM TRANSFERRING INTEREST)

5.b OLD FIRM **SIGN HERE:** \_\_\_\_\_  
(A MEMBER OF OLD FIRM MUST SIGN PERSONALLY ) - TITLE

6a. NEW FIRM **PRINT HERE:** \_\_\_\_\_  
(PRINT FULL REGISTERED BUSINESS NAME OF FIRM ACCEPTING INTEREST)

6b. NEW FIRM **SIGN HERE:** \_\_\_\_\_  
(A MEMBER OF THE NEW FIRM MUST SIGN PERSONALLY ) – TITLE

**List on following page the full names of all members of the new firm accepting interest.**

**INFORMATION REGARDING THE ENTITY TO WHICH YOU ARE TRANSFERRING INTEREST**

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

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

**7. Nature of Business of this Entity**

**8. Location of this Entity:**

**9. Number of Employees:**

**10. Annual Payroll:**

**11. 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**