



New York State Insurance Fund

PO Box 66699; Albany, NY 12206
nysif.com

Policyholder Name: _____

Policy Number: _____

Rating Board File Number: _____

EXPERIENCE RATING PLAN -- REQUEST FOR INFORMATION

The following statements are for use in establishing the insured's premium rates for Workers' Compensation and Employers' Liability Insurance under the Experience Rating Plan. Consequently, it is extremely important that all questions be answered completely and promptly in order to facilitate the determination of the premium rates.

1. This information concerns:

- Change in Ownership
- Combination of Experience of Separate Entities
- Merger or Consolidation

2. Date on which Change in Ownership or Merger or Consolidation occurred: _____

3. Was the change consummated by an exchange of stock of one corporation for stock of another?

- YES
- NO

If YES, submit a copy of the adopted proposal to stockholders relative to the exchange of stock, if available.

4. Give any other pertinent facts and details: _____

Please enter the required information, as outlined below, in the appropriate columns.

5. Depending on how you answered #1, please complete the columns as follows:

Change in Ownership

Column I: Ownership prior to change; Column II: Ownership after the change

Combination of Experience of Separate Entities

Enter current information for each entity separately in Columns I, II and III

Mergers or Consolidations

Enter information of status existing prior to merger or consolidation in Columns I and II.

Enter information after merger or consolidation in Column III.

6. For each corporation listed, complete EXECUTIVE OFFICER INFORMATION SHEET, Form U-216. Use additional forms as needed.

7. For completing the ownership section of the chart, please use the following information:
- A. 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. If a partnership, list the full name of each general partner and his/her participation in the profits of the partnership.
 - C. If not a corporation or partnership, list names of owners and their respective percentages of ownership.

	Column I	Column II	Column III
Name of Entity			
Individual, Partnership, Corporation, Unincorporated, Association or Fiduciary			
Ownership (See note above)			
Total number of shares of voting stock of corporation issued.			
Insured's Certificate: This is to certify that the information contained herein is correct.			

To ensure prompt service and processing, please mail your fully completed form and supporting documentation to:

**NYSIF
PO Box 66699
Albany, NY 12206**

NAME OF INSURED

TITLE

SIGNATURE OF OWNER, PARTNER, OR EXECUTIVE OFFICER

DATE