



PO Box 66699; Albany, NY 12206  
nysif.com

## SHORT TERM POLICY

Policyholder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policyholder address: \_\_\_\_\_

\_\_\_\_\_

Entity Number, if applicable: \_\_\_\_\_

We are no longer in need of workers' compensation coverage as required by the New York State Workers' Compensation Law.

Please be advised that we will only require workers' compensation insurance to cover our temporary employees for the following time period:

Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_

To perform the following operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Name (Print)

\_\_\_\_\_  
Title