

NYSIF Remind Using Out-of- Verify NY Sta Comp. Cove

The New York State Workers
State Employers Policy require
employees working in New Y
York State workers' compens
New York State Workers' Com

A full, statutory New York Sta
cy is one that specifically lists
Page of an employer's worker

What this means if you are
employee of the out-of-state
New York State, the employe
erage so that the injured work
sation benefits under the NY

What this means if you are
tracts with an out-of-state
compensation costs a NYSIF
New York State workers' com
employer by obtaining a cert
tor, specifically stating that
contractor's workers' compen

To further confirm full, sta
pensation coverage: NYSIF
out-of-state employers' work
mation page indicating New
using the WCB Employer Co
(From the WCB home page,
then under Workers' Comp
Have Coverage?)

The New York State Workers
Employers Policy, issued on
ate competitive balance for N
all contractors working in Ne
for workers' compensation in

Check the n any NYSIF before work

Some certificates are as phony as a
cost you way more. Contractors are lia
compensation premium if they accept
Use NYSIF eCERTS® @ nysif.com >
print or validate NYSIF certificates of in



certificate has a unique
fraud at (212) 312-97
you spot a phony.
Certificate fraud is a felony. Ca
any unpaid premium owed NY
workers not covered by worker

State holders are liable for
and/or liability for injured
compensation insurance.

NYSIF Workers' Comp. Advisor

nds Policyholders -State Subs: ate Workers' rage

Compensation Board (WCB) Out-of-
es that out-of-state employers with
ork State carry a full, statutory New
ation insurance policy, as required by the
mpensation Law.

ate workers' compensation insurance poli-
New York in Item 3A on the Information
s' compensation insurance policy.

an out-of-state employer: If an
employer is injured while working in
must have workers' compensation cov-
er is fully covered for workers' compen-
Workers' Compensation Law.

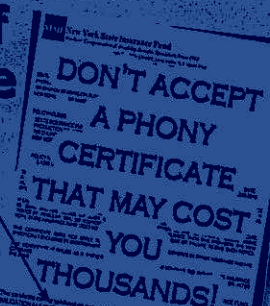
a NYSIF policyholder who sub-con-
employer: To avoid unexpected workers'
policyholder must confirm full, statutory
pensation coverage for that out-of-state
ificate of insurance from the subcontract-
ew York is listed in Item 3A of the sub-
sation policy.

ntory New York State workers' com-
f recommends obtaining a copy of the
ers' compensation insurance policy infor-
New York State coverage under Item 3A, or
verage Search on the WCB website.
lick the Employers/Businesses section,
sation click the link, Does the Employer

' Compensation Board Out-of-State
Nov. 23, 2010, was implemented to cre-
New York State contractors by requiring
ew York State to pay New York State rates
insurance coverage.

umber of ertificate begins.

ee-dollar bill and could
ble for unpaid workers'
bogus certificate.
eCerts to create,
insurance 24/7. Each NYSIF
validation number. Report
tl or on our website if



Avoid Costly Surprises What You Should Look For:

Sample

EMPLOYER INFORMATION	CLAIMS MADE	COVERAGE	DATE OF BIRTH	SEX	RELATIONSHIP TO INSURED	STATUS
EMPLOYEE INFORMATION	EMPLOYEE NAME	EMPLOYEE ADDRESS	EMPLOYEE PHONE	EMPLOYEE SOCIAL SECURITY	EMPLOYEE STATE	EMPLOYEE OCCUPATION
WORKER'S COMPENSATION INFORMATION	WORKER'S COMPENSATION POLICY NUMBER	WORKER'S COMPENSATION POLICY DATE	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION
EMPLOYER INFORMATION	EMPLOYER NAME	EMPLOYER ADDRESS	EMPLOYER PHONE	EMPLOYER SOCIAL SECURITY	EMPLOYER STATE	EMPLOYER OCCUPATION
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WORKER'S COMPENSATION INFORMATION	WORKER'S COMPENSATION POLICY NUMBER	WORKER'S COMPENSATION POLICY DATE	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION	WORKER'S COMPENSATION POLICY CLASSIFICATION

New York is listed in Item "3A" of the Information Page on the above Workers Compensation policy.

Insurance certificate issued by an entity other than NYSIF

INFORMATION PAGE

Insured: _____ Policy No. _____

1. The Insured: _____ Individual _____ Partnership
Mailing address: _____ Corporation or _____
Other workplaces not shown above: _____

2. The policy period is from _____ to _____ at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here:
B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:
Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ policy limit
Bodily Injury by Disease \$ _____ each employee

Policy info page issued by an entity other than NYSIF

Guard Against Certificate Fraud

When using a NYSIF insured contractor, always check the unique validation number found on each NYSIF certificate by using eCERTS® at nysif.com to verify workers' compensation coverage