



APPLICATION FOR SELF-INSURANCE WORKERS' COMPENSATION LAW

Email completed form to: selfinsurance@wcb.ny.gov

An application to self-insure is not transferable to subsidiaries or successors. Each entity must file its own application. Additional applications can be found on the Board's website: www.wcb.ny.gov.

PLEASE NOTE: Submission of an application does not guarantee approval for self-insurance. Coverage must be maintained until you have received a Notice of Qualification. If deemed a candidate for self-insurance, a conditional approval will be issued. Notice of Qualification as a self-insurer will not be issued until all conditions have been met including, but not limited to submitting and maintaining an adequate security deposit and the submission of an Agreement and Undertaking for Paying Benefits as a Self-Insurer (Form SI-3).

The undersigned makes application as a self-insurer under Sec. 50, subd. 3 of the Workers' Compensation Law of New York State. In connection with such application the applicant makes the following declarations and makes the following affirmations for the purpose of enabling the Chair, Workers' Compensation Board, to determine that the applicant possesses sufficient financial ability and has adequate resources to render certain the payment of workers' compensation benefits to their employees as specified in the Law.

Attach the following documents to your application (Incomplete applications will not be considered):

- Independently audited financial statements covering three years immediately prior to application
- Certified copy of foundation document (certificate of incorporation; partnership agreement; etc.)
- Copy of the applicant company's safety program
- Incurred loss history of the applicant for the last 5 years
- A listing, by address, of factories, offices or other workplaces in New York State and estimated number of employees engaged in each place to be covered by the self-insurance privilege herein applied for.

Applicant _____ FEIN _____

Address (Principal Office) _____ Requested Effective Date: _____

Requested Retention Level Excess Policy \$ _____

1. Filing Status:

☐ Single entity ☐ Parent Company with subsidiaries (separate application required for each subsidiary) ☐ Subsidiary to consolidate with self-insured parent

Name of parent: _____

FEIN of parent: _____ Insurer ID No.: W _____

2. Nature of business:

a) Briefly describe the general character of the operations performed on the premises of the employer.

b) Briefly describe all classes of work performed away from the employer's premises.

3. What company is currently carrying:

a) your workers' compensation insurance? _____

b) your disability insurance? _____

c) your paid family leave insurance? _____

4. Type of Entity:

☐ Corporation:

a) Enter date when incorporated: _____

b) Under laws of what state _____

c) If not a New York corporation, enter the date of registration in New York state: _____

d) Has applicant any affiliates or subsidiaries with operations in New York state? ☐ Yes ☐ No

e) Did you succeed anyone? ☐ Yes ☐ No

f) If so, whom did you succeed?

g) If a subsidiary, enter name and address of parent company: _____

h) Enter parent's percentage of stock ownership % _____

☐ Partnership:

a) Name all partners and designate whether they are general, special, limited, etc.

b) Enter date when partnership established: _____

c) Attach certified copy of partnership agreement ☐

☐ Sole Proprietorship:

a) Enter home address of proprietor _____

5. Names of Officers:

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____



6. Report full payrolls for all employees. Include interstate, maritime, homeworkers, value of meals and lodgings, etc., received by employees and sub-contractor's employees' payrolls unless compensation is definitely provided by sub-contractors. Show bonus and overtime to employees separately by each classification below.

Payroll Class No.	Job Description of Payroll Classification	Estimated Average Number of Employees	Estimated Annual Wages Received by Each Class of Employees
7380	Chauffeurs, drivers, and their helpers		
8742	Salespersons (inside & outside), collectors, claim adjusters, and messengers		
8751	Route Salespersons & Supervisors - Not Delivery		
8809	Executive officers, corporate-elected or appointed in accordance with the charter or by-laws		
8810	Clerical and office employees		
	TOTAL		

By signing this Application, the signer certifies that they are authorized to execute this instrument on behalf of the _____ for the purposes set forth herein,
 _____ Insert Business Name
 and that, pursuant to that authority, they are executing this instrument in the name of and on behalf of said entity as an act and deed of said entity.

Signature of Authorized Official	Title		Date
Print Name of Authorized Official	Phone #	Email	