



# Workers Compensation Section

Client Name: \_\_\_\_\_

One Blue Hill Plaza - Suite 530 - PO Box 1646 - Pearl River NY - 10965 - 845-735-0700 - 800-214-0207 - Fax 845-735-8383

1. Effective Date: \_\_\_\_\_ to \_\_\_\_\_
2. Federal ID Number: \_\_\_\_\_ NCCI/State ID Number: \_\_\_\_\_
3. List payroll by each State you are doing business in. Attach separate sheet if more than three states.

Class Code	State <input type="text"/>	State <input type="text"/>	State <input type="text"/>
Security Officers			
Administration			
Sales			
Executive Officers			
Investigators			
Central Station Operators			
Electronic Security Techs			

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4.	Policy Year	Insurance Company	Experience Mod	Premium





## Reg. 194 Mandatory Initial Disclosure

*As required by the New York State Insurance Department*

As an independent insurance agent or insurance broker I, or my firm, (hereafter “I”) may have access to more than one insurance company to place your coverage. Whether acting as an independent insurance agent or insurance broker I have certain obligations to you as the purchaser and certain obligations to the insurance company as determined in both statutory and case law. If acting as an independent insurance agent I may have authority to obligate the insurance company on your behalf and as a result I may be required to act within the scope of my contractual agreement with the company.

As the purchaser you need to understand that I typically will receive compensation from the selling company based on the agreement I have with the company. That compensation may vary from company to company and also be impacted by the volume of business I place with the company, the profitability of that business and other factors.

You may receive information about my compensation on the policy or policies you select and about any policies I have presented to you which you did not select by asking me for the information.