



STATE OF NEW YORK
INSURANCE DEPARTMENT
25 BEAVER STREET
NEW YORK, NEW YORK 10004

NOTE: WITHDRAWN EFFECTIVE DECEMBER 4, 2003

**Circular Letter No. 5
February 17, 1998**

**TO: ALL AUTOMOBILE SELF-INSURERS, AND INSURERS LICENSED TO WRITE AUTOMOBILE
INSURANCE IN NEW YORK STATE**

RE: REVISION OF THE NO-FAULT DENIAL OF CLAIM FORM - NYS FORM N-F10

As a result of the Insurance Department's move from 160 West Broadway to 25 Beaver Street, the Department has established a new Post Office Box to receive requests for No-Fault arbitration and other related No-Fault arbitration correspondence. To assure that the Department continues to receive this mail without interruption, all insurer No-Fault denial of claim forms (NYS Form N-F 10) must be altered no later than April 1, 1998, to reflect the Department's current address and its new Post Office Box.

On page two section 1 of the No-Fault denial of claim form, replace the 160 West Broadway address with 25 Beaver Street, New York, NY 10004-2319.

On page two section 2 of the No-Fault denial of claim form, replace Post Office Box 440, Canal Street Station with Post Office Box 5007, Bowling Green Station, New York, NY 10274-5007.

Remaining stocks of insurer No-Fault denial of claim forms may be used up until March 31, 1998, as long as the form contains a label affixed to it informing the recipient of the Department's new address and Post Office Box.

Any questions regarding this circular letter should be directed to Ms. Hoda Nairooz at (212) 480-5662.

The Senior Claims Officer responsible for New York No-Fault claims must acknowledge receipt of this circular letter to:

Ms. Hoda Nairooz, Senior Examiner
Property Bureau, Second Floor
New York State Insurance Department
25 Beaver Street
New York, NY 10004-2319

Very truly yours,

Mark Presser
Assistant Deputy Superintendent & Chief

Property Bureau

<http://www.ins.state.ny.us>