

**NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
AGREEMENT TO PURSUE WORKERS' COMPENSATION OR N.Y.S. DISABILITY BENEFITS**

NAME AND ADDRESS OF INSURER OR SELF-INSURER*
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NAME, ADDRESS, AND PHONE NUMBER OF INSURER'S CLAIMS REPRESENTATIVE*

DATE	POLICYHOLDER	POLICY NUMBER	DATE OF ACCIDENT	CLAIM NUMBER
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NAME AND ADDRESS OF APPLICANT*

IT IS HEREBY AGREED between the Applicant and the Insurer, as follows:

In the event a source of Workers' Compensation or N.Y.S. Disability benefits denies liability for payment of benefits due on account of the above accident, in whole or in part, the Insurer agrees to process the Applicant's No-Fault claim without deducting the withheld State or Federal Workers' Compensation benefits or N.Y.S. Disability benefits under the following conditions:

FIRST: The Applicant executes this Agreement.

SECOND: In the event such amounts are eventually paid to the Applicant, the Applicant agrees to repay the first party benefits equal to the withheld amounts of Workers' Compensation benefits or N.Y.S. Disability benefits less any attorney's fee which the Applicant paid in order to obtain the benefits.

THIRD: In the event the Applicant does not reimburse the Insurer, as provided herein, the Insurer may thereafter deduct such amounts from any future No-Fault benefits due the Applicant on the claim.

FOURTH: The Applicant agrees to diligently pursue any claim for Workers' Compensation or N.Y.S. Disability benefits.

FIFTH: In the event the Applicant fails to diligently pursue such claim for Workers' Compensation or N.Y.S. Disability benefits as set forth in Paragraph Fourth or in the event the Applicant fails to reimburse the Insurer as provided herein, the Insurer may bring an action to recover the amount paid under this agreement.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF INSURER

*LANGUAGE TO BE FILLED IN BY INSURER OR SELF-INSURER.
NYS FORM NF-9 (Rev 1/2004)