

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

EXCESS WORKERS' COMPENSATION FILING COMPLIANCE QUESTIONNAIRE

COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with New York Insurance Law and Workers Compensation Board ("WCB") requirements. Also see Circular Letter No 13(1994). Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

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|--|------------------------------|------------------------------|-----------------------------|
| <p>A. Policy complies with § 3420 as applicable.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>B. Policy provides coverage to the employer for all of its employees employed during the period the policy was in effect.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>C. <input type="checkbox"/> Check here if claim expenses (such as court costs) are to be considered as losses reducing the applicable retained limit. If so, the filing contains a consent form that will be attached to each policy acknowledging that the insured is aware that the limits of liability contained in the policy shall be reduced and may be completely exhausted by claim costs.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>D. Notice or knowledge of the occurrence of the injury by the employer is deemed notice or knowledge to the carrier.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>E. Policy provides that if the employer cannot be located to proceed against, the carrier will be made a party in its place and be bound by the decisions and awards of the WCB.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>F. Policy contains the language, required by the WCB, giving the Chair of the WCB subrogation rights in the event of the bankruptcy or insolvency of the self insurer (prescribed language can be obtained from the WCB or the Insurance Department).</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>G. Cancellation Provisions:</p> | | | |
| <p>1. Policy provides that it is continuous until cancelled.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>2. For cancellations due to non-payment of premiums, cancellation does not become effective until 10 days after notice of cancellation is served on the employer and filed with the office of the Chair of the WCB</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>3. Except for cancellation for non-payment of premiums, cancellation does not become effective until 30 days after notice of cancellation is served on the employer and filed with the office of the Chair of the WCB.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>4. Policy language otherwise complies with §3426 (complete §3426 checklist).</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| <p>H. Is there a provision requiring that disputes between the company and insured be resolved through arbitration?</p> | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>I. Rates:</p> <p>Rates are in compliance with the filing requirements set forth in Article 23 of the Insurance Law and Regulation 129 and its supplements.</p> | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |