NYSIF
New York State Insurance Fund

PO Box 66699; Albany, NY 12206
nysif.com

REQUEST FOR INCLUSION OF ADDITIONAL INTEREST AND DESIGNATION

We, the undersigned, hereby request that the entity named below be included in the coverage of

WC Policy: _____ as of **12:01 A.M.,** _____ (date) **R.B. File Number:** _____

Name of entity to be included: _____

Mailing address of present interest at time of this request: _____

For purposes of receipt of any and all notice issued under this policy, including billing and cancellation of coverage, the undersigned owner or officer hereby acknowledges and affirms that the **designee to receive notice** on behalf of the entity listed above, and the **designated mailing address** of such entity, will be the mailing name and mailing address as endorsed on this policy at the time notice is served. If these terms are not acceptable, this entity will not be eligible for coverage under the above workers' compensation policy number. Instead, you may apply to cover this entity under a new and separate NYSIF policy.

The nature of the ownership and control of the above mentioned entity, and the entity now insured under the Policy is as follows:

	PRESENT INTEREST	ADDITIONAL INTEREST
1. Name of Entity		
(a) F.E.I.N.		
2. Individual, Partnership, Corporation, Limited Liability Company, Unincorporated Association or Fiduciary.		(See Note Below)
3. Ownership		
(a) If not a corporation or partnership, list names of owners and their respective percentages of ownership.		
(b) If a partnership, list the full name of each general partner and his participation in the profits of the partnership.		
(c) If a corporation, list the names of owners of 5 % or more of the voting stock and the number of shares owned by each.		
4. Total number of shares of voting stock of corporation issued.		

In consideration of the inclusion of the additional entity named above under the coverage of the Policy, we the undersigned jointly and severally do hereby assume full liability and responsibility for any and all premiums that may become due NYSIF for coverage extended to either or both the entity now covered and the additional entity to be covered by the Policy from its inception to cancellation date.

(PRINT) _____
TRADE NAME OF PRESENT ASSURED

(PRINT) _____
TRADE NAME OF ADDITIONAL INTEREST

SIGNED BY _____
OWNER, OR OFFICER, IF A CORPORATION

SIGNED BY _____
OWNER, OR OFFICER, IF A CORPORATION

NOTE: If a corporation, complete form U-216, enclosed, **in addition** to this form.

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INFORMATION REGARDING THE ENTITY FOR WHICH YOU HAVE REQUESTED COVERAGE

Policy Number: _____

Entity Name: _____

Nature of Business of this Entity

Location of this Entity:

Number of Employees: **Annual Payroll:**

Please list:

Name of Executive Officer/Partner or Member/Sole Proprietor	Title/Duties
Email Address	Salary $
Name of Executive Officer/Partner or Member	Title/Duties
Email Address	Salary $
Name of Executive Officer/Partner or Member	Title/Duties
Email Address	Salary $
Name of Executive Officer/Partner or Member	Title/Duties
Email Address	Salary $
Name of Executive Officer / Partner or Member	Title/Duties
Email Address	Salary $

I hereby certify that the information given above is completed and accurate in every detail.

_____ _____

Signature of Name of Executive Officer/Partner or Member/Sole Proprietor **Date**