



eApplication for Brokers

Brokers and their clients can now use NYSIF's electronic application with DocuSign for new workers' compensation insurance applications in a few easy steps.

NYSIF New York State Insurance Fund
Workers' Compensation & Disability Benefits Specialist since 1914

Welcome to NYSIF Online Services.

Blanket Waiver Notice
Policyholders can now request a blanket waiver of subrogation endorsement on workers' compensation policies by sending an email or written request to their local NYSIF office. Once the waiver endorsement is applied, you can ask for certificates of insurance containing the waiver clause from that office. In the near future, the waiver clause will appear automatically through NYSIF eCERTS® once the endorsement is applied.

New User
Don't have an account yet? [Register Now.](#)
For the best browser experience, please refer to the [Website Browser FAQs.](#)

Login
Please Log In
You are accessing a protected resource.

Username:

Password:

[Forgot Username or password?](#)

Log in to the account.

NYSIF Online Account Home Account Management | Logout

Services News Government Local

NYSIF Web Portal
NYSIF values its business relationship with insurance representatives. Our website provides tools and information to help make doing business with NYSIF and serving your clients easier.

eQuote
Get A Quote OR Apply for a Policy

eCert
Create Certificates
Validate a Workers' Comp Certificate

Pay Your Bill
Pay Your Bill

Forms
C-105, Notice of Compliance
Prescription Benefits (PBM)

Click Get a Quote or Apply for a Policy.

NYSIF Online Account Home Account Management | Logout

Services News Government Local

Online Services -

Get a New Quote

Quote #	Employer Name	Received	Expired	Status
3492660	SAFETY GROUP TEST 1	12/15/2015		Quote Rejected
4597792	TEST	05/15/2014		Incomplete Quote

© NYSIF 2000 - 2013 About NYSIF Medical Payroll Terms & Conditions Terms & Conditions Disability Benefits Terms & Conditions Privacy Policy Related Web Sites Browser Compatibility

Agencies App Directory Counties Events Programs

Select Get a New Quote or click on the Quote # of an existing quote.

General Liability Policy Number: _____

(20) Have you ever been in business under a different name? No
(21) If you are incorporated, have the principals of the corporation previously managed a business by another name? No
(22) Is your business or company an affiliate or a subsidiary of any other company? No
(23) Are you engaged in any other type of business? No
(24) Are sub-contractors or independent contractors used? No
(24a) Do you lease employees to or from other employers? No
(25) PAYROLL VERIFICATION (this requirement does not apply to employers of domestic workers or to municipalities or other political subdivisions):
At least one of the following items of payroll verification MUST accompany this application. Failure to provide payroll verification may result in rejection of your application for insurance. Please attach at least one of the following items to your application:
• a copy of your previous insurance company's premium audit bill showing the classifications and payrolls for the most recent policy period
• copies of Federal Tax Form 941 for the last four quarters
• copies of New York state tax form NYS-45-MN quarterly combined withholding, wage reporting and unemployment insurance return for the last four quarters
If none of the foregoing documents are available because you are a new business or did not have employees, then check this box:
(26) I understand that the information which I have provided on this application will be used to calculate my Workers' Compensation Insurance premium. I also understand that I have a continuing obligation to notify the New York State Insurance Fund of any changes in:
• the kinds of work which the business is doing
• the size of our workforce
• the size of our payroll
• the business ownership or business structure

Select one person from the list below to electronically sign the application: [?](#)

	Officer	Email
<input checked="" type="radio"/>	VICE-PRESIDENT JKENN	jkenn@nysif.com
<input type="radio"/>	OWNER JKENN	jkenn@nysif.com
<input type="radio"/>	PARTNER JKENN	jkenn@nysif.com
<input type="radio"/>	SECRETARY JKENN	jkenn@nysif.com
<input type="radio"/>	CHAIRPERSON JKENN	jkenn@nysif.com

Note: The officer must be present to electronically sign the application

NOTE: To submit this document online, instead of by mail, you must respond to identity affirming questions posed on the DocuSign website. If you do not wish to respond to these questions, please submit this form by mail. All applications must be submitted by an officer or owner of the business.

I agree to the New York State Insurance Fund [User Agreement and Privacy Policy](#)

Once you submit your application, you cannot make any changes. You must "submit" your application to apply for insurance.

?

est.nysif.com/bhpPortal/eApp/eApplet?21468677

Complete the application, select the intended client and click Submit online with DocuSign.

(Wait for transaction to complete before continuing.)

Print a copy of the application for your records.

(over, please)



eApplication for Brokers

Broker receives verification.

New York State State Agencies Search all of NY.gov

NYSIF NYSIF Workers' Comp Online Admin Console Home
sdavisquote | Logout

Online Services ▾

ATN #: 2368193516

Thank you for submitting the application for workers' comp insurance on behalf of SUSAN DAVIS.

NYSIF has sent an e-mail to JAMES KENNEDY at jkenn@nysif.com containing instructions and a link to apply an electronic signature to the application and complete the application process.

Please advise your client to check their Junk Mail or Spam folders if they have not received this e-mail.

Pay Online Quote List

© NYSIF 2000 - 2014 Contact NYSIF Disability Benefits Terms and Conditions Terms and Conditions Privacy Policy Related Web Sites Internet Explorer Troubleshooting

Client receives email with link for eSignature completion.

From: mlee@nysif.com [mailto:mlee@nysif.com]
Sent: Friday, January 08, 2016 3:35 PM
To: James Kennedy
Cc: Susan Davis
Subject: Your NYSIF workers' comp application is ready for your signature.

Dear JAMES KENNEDY:

An application for workers' comp coverage has been submitted by SUE DAVIS for SUSAN DAVIS

Please [click here](#) for instructions on completing the application process.

If the above link does not work, please cut and paste the following into the address field of your browser: <https://rtest.nysif.com/finish-your-wc-application/verifv.aspx?tok=KqrO-1nHlaMO9zZ-aylmuakc-5844bba85-vcXaKx-74vWUOmn>

Thank you,
 Your NYSIF team

Client inputs zip code.

NYSIF **New York State Insurance Fund**
 Workers' Compensation & Disability Benefits Specialist since 1914

WORKERS' COMPENSATION DISABILITY BENEFITS SAFETY & RISK MANAGEMENT CLAIMANTS

Please enter the 5 digit zip code of the primary business location:

Client clicks Sign Application with DocuSign. If paying electronically, client receives email confirmation of payment.

Done!

NYSIF **New York State Insurance Fund**
 Workers' Compensation & Disability Benefits Specialist since 1914

WORKERS' COMPENSATION DISABILITY BENEFITS SAFETY & RISK MANAGEMENT CLAIMANTS

ATN #: 2368193516 - Quote #: 5218079

NYSIF is pleased to offer you the convenience of completing this process electronically. If you also plan to pay your deposit electronically, please have your checking account or credit card information available before beginning this process.

We recommend you download a copy of your application from DocuSign prior to beginning the electronic signature process. You will also be able to print and mail your application, should you choose to do so.

NOTE: To submit this document online, instead of by mail, you must respond to identity affirming questions posed on the DocuSign website. If you do not wish to respond to these questions, please submit this form by mail. All applications must be submitted by an officer or owner of the business.