## **Form GSI-105.2**

## STATE OF NEW YORK WORKERS COMPENSATION BOARD

## CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION GROUP SELF-INSURANCE

	Q214	LF-INSURANCE	
		1d. Business Telephone Number of Business r	eferenced in box "1a"
ia. Legal Name and Address of Business Part Self-Insurance (Use Street Address Only)	idpating in Group		
		ie. NYS Unemployment Insurance Employer : Business referenced in box "in"	Registration Number of
lb. Effective Date of Membership in the Gro	ир		
		If. Federal Employer Identification Fumber of	d Bullness referenced in
Ic. The Proprietor, Partners or Executive Of O included (only check box if all partners of all excluded or certain partners/officers	OTHERS INCIDED	Box "Ia"	
	- Broof of Coverage (East	ty Name and Address of Scoop Self-Lasurer	
Name and Address of the Entity Requestin Being Listed as Certificate Holder)	4	Y	
	*18	i complying with the mandatory coverage	requirements of the
This certifies that the business referen	ced souwage	member of the Group Self-Insurer listed	i above in box "3"
New York State Workers Compensary	surance is still a force	is complying with the mandatory coverage the member of the Group Self-Insurer listed Coverage Group Self-Insurer's Administrator v	will send this Certifican
and participation in such group sen-in-	as the certificate h	older in box "2".	
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