



New York State
Municipal Workers'
Compensation Alliance

333 EARLE O VINGTON BOULEVARD, STE 505, UNIONDALE, NEW YORK 11553-3624
PHONE: 516-227-2300 - FAX: 516-227-2352

APPLICATION FOR QUOTE

Today's Date: _____

Effective Date: _____

Municipality:		Tax ID #:
Address:		
City/State/Zip:		County:
Supervisor/Mayor:		
Phone:	Fax:	E-Mail:
Claims Contact:		
Phone:	Fax:	E-Mail:
Billing Contact:		
Phone:	Fax:	E-Mail:
Risk Management Contact:		
Phone:	Fax:	E-Mail:
Number of Full Time Employees:		Number of Part Time and Volunteers:
How would this municipality like to receive future program information and offerings? Fax: ___ E-Mail: ___		

AGENT

Agency:		Agent:
Address:		
Phone:	Fax:	E-Mail:

ATTORNEY

Name & Address:		
Phone:	Fax:	E-Mail:

AUDITOR

Name & Address:		
Phone:	Fax:	E-Mail:

COMPLETE THE NEXT TWO SECTIONS ONLY IF VOLUNTEER FIREFIGHTER AND/OR VOLUNTEER AMBULANCE COVERAGE IS BEING REQUESTED
VFF and VAW coverage cannot be written separately and cannot be written if filing status is 501C

VOLUNTEER FIRE

Fire Department Name:		
Contact Name:		
Address:		
Phone:	Fax:	E-Mail:
Population Served:	# of Volunteer Fire Fighters:	# of Paid Employees:

ADDITIONAL VOLUNTEER FIRE

Fire Department Name:		
Contact Name:		
Address:		
Phone:	Fax:	E-Mail:
Population Served:	# of Volunteer Fire Fighters:	# of Paid Employees:

VOLUNTEER AMBULANCE

Ambulance Department Name:		
Contact Name:		
Address:		
Phone:	Fax:	E-Mail:
# of Ambulances:		# of Paid Employees:

SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- 3-5 years currently valued loss runs
- Most recent approved budget
- Current/expiring Dec page (if available)
- Employee Concentration Form

IMPORTANT NOTE:

Be sure to review the termination/withdrawal provision of the current carrier. Many carriers require a minimum of 30 days notice. Failure to provide adequate notice could result in penalties and/or a delay in cancellation.

FAX (516-227-2352) OR MAIL COMPLETED APPLICATIONS:

New York State Municipal Workers' Compensation Alliance
333 Earle Ovington Blvd., Suite 505
Uniondale, NY 11553-3624
Attn: Susan Comerford

§114.1. Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with the knowledge of belief that it will be presented to or by an insurer or a purported insurer, or and agent thereof, any written statement as part of, or in support of, any application for the issuance of or the rating of an insurance policy for compensation insurance, or claim for payment of other benefit pursuant to a compensation policy which he or she knows to: (i) contain a false statement or representation concerning any fact material thereto, or (ii) omits any facts material thereto, shall be guilty of a class E felony. Upon conviction, the court in addition to any other authorized sentence, may order forfeiture of all rights to compensation or payments of any benefit, and may also require restitution of any amount received as a result of a violation of this subdivision.

Signature of Applicant

Date