



**NEW YORK STATE MUNICIPAL  
WORKERS' COMPENSATION ALLIANCE**

900 Stewart Avenue, Suite 600  
Garden City, NEW YORK 11530  
Phone: 516-227-2300 Fax: 516-227-2352

**SCHOOL APPLICATION  
FOR QUOTE**

**Today's Date:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

<b>School District:</b>		<b>Tax ID #:</b>
<b>Address:</b>		
<b>City/State/Zip:</b>		<b>County:</b>
<b>Business Official:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Claims Contact:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Billing Contact:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Risk Management Contact:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>Number of Full Time Employees:</b>		<b>Number of Part Time and Volunteers:</b>
<b>How would this school district like to receive future program information and offerings? Fax: _____ E-Mail: _____</b>		

**AGENT**

<b>Agency:</b>		<b>Agent:</b>
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

# Workers' Compensation – Audited Payroll Request (ST-3)

**District Name:**

The number of employees and the audited payroll information is needed by the Program's Actuary in order to develop an appropriate annual funding contribution for the district. Please see the attached listing of applicable account codes from the ST-3 that should be included under the four classifications listed below. "Number of Employees" should be an unduplicated count.

## Most Recent Audited Payroll

Date: \_\_\_\_\_  
FROM TO

Classification	Number of Full Time Employees	Number of Part Time Employees	Number of Seasonal Employees	Number of Volunteers	Payroll
Professional	_____	_____	_____	_____	_____
Clerical & Other	_____	_____	_____	_____	_____
Transportation	_____	_____	_____	_____	_____
All Others	_____	_____	_____	_____	_____

\*Transportation should not include Administrative and Clerical salaries related to the Transportation Department. Transportation for the purposes of Workers' Compensation should include only the payroll of drivers and garage employees who are subject to transportation exposure and rate. Administrative and Clerical salaries should be included in the applicable Professional and Clerical categories.

### **Definition of Employees and Payroll is as follows:**

**Payroll:** Payroll, salaries, commission, bonuses, overtime pay, pay for holidays, vacations, pay for piece work, payments under profit sharing or incentive plans, the value of lodging, apartments, and meals RECEIVED BY EMPLOYEES AS PART OF THEIR PAY, and the value of store certificates, merchandise, credits, or any other substitute for money RECEIVED BY EMPLOYEES AS PART OF THEIR PAY.

**Employees:** The term "employee" shall mean any employee of the District who is or would be eligible for workers' compensation benefits payable under the district's self-insured workers' compensation plan. Include any such person whose services are offered and accepted by the District on a voluntary basis if a board resolution was passed to cover such persons for workers' compensation benefits.

F/T - Full-Time Employees  
P/T - Part-Time Employees (Less than 17.5 hours per week)  
Seas. - Seasonal Employees (Short duration full or part time)  
Vol. - Volunteer Employees (If district has specifically elected to cover volunteers)

## ST-3 CODES

### 1. EDUCATIONAL PROFESSIONAL EMPLOYEES

A1240.15	A2250.15	A8060.15	F2630.15
A1310.15	A2280.15	F2010.15	F2805.15
A1345.15	A2330.15	F2020.15	F2810.15
A1430.15	A2610.15	F2040.15	F2815.15
A1460.15	A2620.15	F2060.15	F2820.15
A1480.15	A2630.15	F2070.15	F2825.15
A2010.15	A2805.15	F2110.15	F2830.15
A2020.15	A2810.15	F2250.15	F6290.15
A2040.15	A2815.15	F2251.15	F6291.15
A2060.15	A2820.15	F2252.15	F6292.15
A2070.15	A2825.15	F2253.15	F6320.15
A2110.10	A2830.15	A2330.15	F6322.15
A2110.11	A2850.15	F2340.15	F8060.15
A2110.12	A2855.15	F2510.15	
A2110.13	A7140.15	F2610.15	
A2110.14	A7310.15	F2620.15	

### 2. CLERICAL & OTHER PROFESSIONAL EMPLOYEES

A1010.16	A2060.16	A7140.16	F2610.16
A1040.16	A2070.16	A7310.16	F2620.16
A1060.16	A2110.16	A8060.16	F2630.16
A1240.16	A2250.16	A8070.16	F2805.16
A1310.16	A2280.16	F2010.16	F2810.16
A1320.16	A2330.16	F2020.16	F2815.16
A1325.16	A2610.16	F2040.16	F2820.16
A1330.16	A2620.16	F2060.16	F2825.16
A1345.16	A2630.16	F2070.16	F2830.16
A1420.16	A2805.16	F2110.16	F6290.16
A1430.16	A2810.16	F2250.16	F6291.16
A1460.16	A2815.16	F2251.16	F6292.16
A1480.16	A2820.16	F2252.16	F6320.16
A1680.16	A2825.16	F2253.16	F6322.16
A2010.16	A2830.16	F2330.16	F8060.16
A2020.16	A2850.16	F2340.16	CS1710.1
A2040.16	A2855.16	F2510.16	

### 3. DRIVERS & GARAGE EMPLOYEES

A5510.16	F5510.16
A5530.16	

### 4. ALL OTHER EMPLOYEES

A1620.16	F1620.16	C2860.16
A1621.16	F1621.16	
A1660.16		
A1670.16		

## **SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:**

- 5 years currently valued loss runs
- Current/expiring Dec page (if available)

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

**Please fax, e-mail, or mail your completed application to:**

**Comp Alliance**

**900 Stewart Avenue, Suite 600**

**Garden City, NY 11530**

**Attn: Tricia Murphy**

**Fax: (516) 227-2352**

**[tmurphy@wrightinsurance.com](mailto:tmurphy@wrightinsurance.com)**

