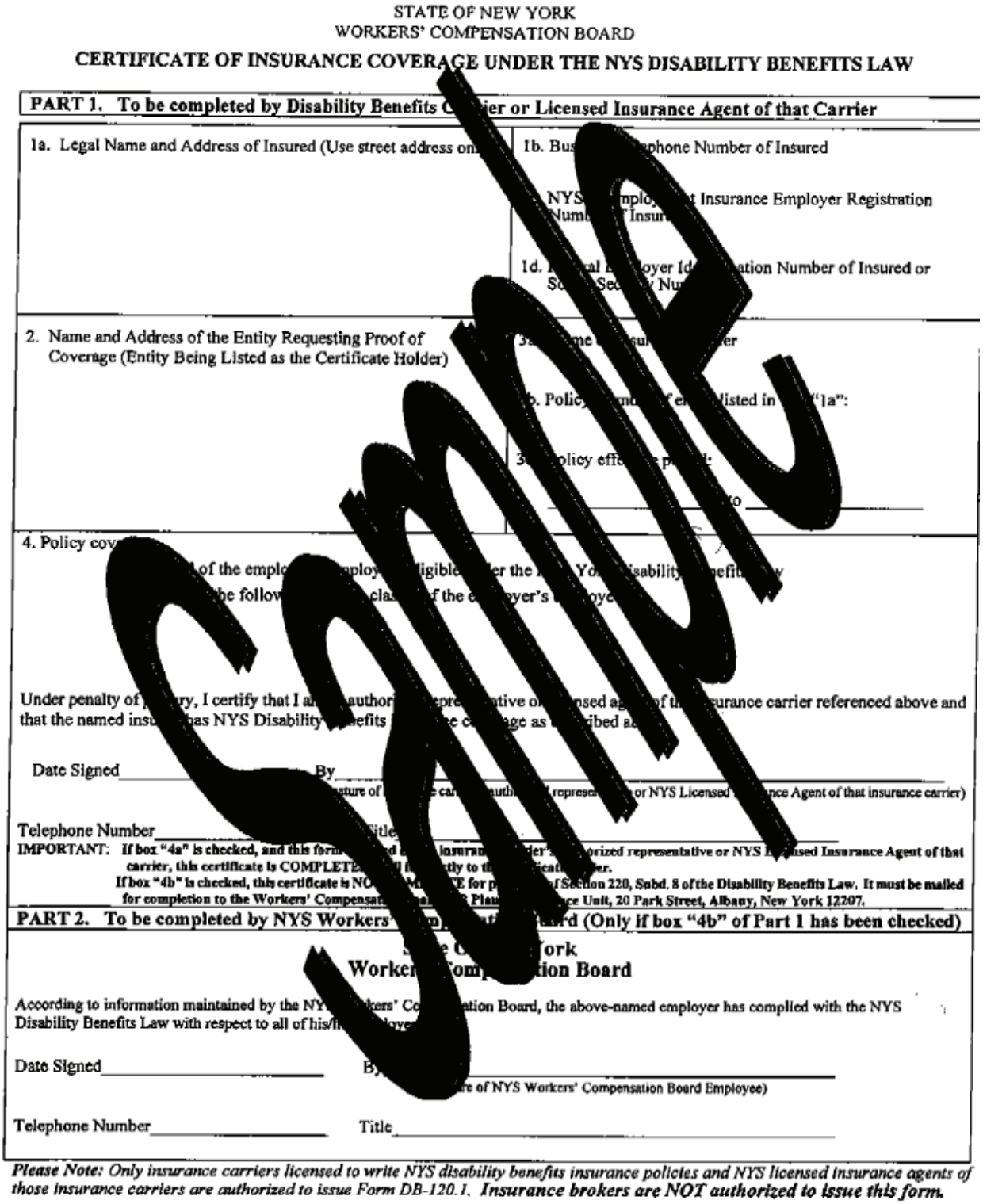
FORM DB-120.1



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits C ier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address on

1b. Bus phone Number of Insured

NYS mplo t Insurance Employer Registration Numb Insur

1d. l oyer Id ation Number of Insured or So Sec Nu

2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)

3 me su er

b. Policy nd f e listed in "1a":

3 olicy effe e p d:

to

4. Policy cov

of the emplo ploy ligible er the Y isability efit w
he follow clas f the e oyer's oye

Under penalty of ury, I certify that I a author epre tive o nsed ag f th urance carrier referenced above and that the named insu has NYS Disability efits i e c age as ibed a

Date Signed By

ture of e ca auth represen or NYS Licensed nce Agent of that insurance carrier)

Telephone Number Title

IMPORTANT: If box "4a" is checked, and this form d insuran er' orized representative or NYS ised Insurance Agent of that carrier, this certificate is COMPLETE ll i tly to th ficat er.
If box "4b" is checked, this certificate is NO M E for p f Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensat a Plan ce Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' m t rd (Only if box "4b" of Part 1 has been checked)

State O York
Worker omp tion Board

According to information maintained by the NY kers' Co ation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/h oye

Date Signed By

re of NYS Workers' Compensation Board Employee)

Telephone Number Title

Please Note:** Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. **Insurance brokers are NOT authorized to issue this form.

DB-120.1 (5-06)