



199 CHURCH STREET; NEW YORK, NY 10007
nysif.com

POLICYHOLDER NAME
POLICYHOLDER NAME/ADDRESS
POLICYHOLDER ADDRESS
PH CITY ST PH ZIP

RE:
Policy #
Audit#
Policy Period

January 1, 2020

Dear Policyholder:

NYSIF is committed to ensuring you understand your workers' compensation premium. As you may know, your initial policy premium begins with an estimate of your payroll. A premium verification is conducted each year to finalize and accurately price your policy.

You recently completed a premium verification which will result in additional premium as summarized below:

ESTIMATED PREMIUM FOR THE POLICY PERIOD	\$2,817.44
ADJUSTED PREMIUM AFTER PREMIUM VERIFICATION	\$3,672.86
NET PREMIUM DUE FOR THIS PERIOD	\$ 855.42

Attached is additional information related to the recent premium verification.

Before the additional premium is billed, we want to provide you an opportunity to address any questions or concerns you may have. Your policy representative can be reached at [insert name on Mid/Large] at (###) ###-####.

If there are no issues with your recent premium verification, the additional premium will be billed on Month DD, YYYY.

Thank you for choosing NYSIF as your workers' compensation provider.

Sincerely,

Underwriting Department