



NY WORKER'S COMPENSATION ACKNOWLEDGEMENT

NAMED INSURED:					
ADDRESS:					
CITY:		STATE:		ZIP:	
SUBMISSION #:					

Worker's Compensation coverage provided within the Century Insurance Group Environmental Division program, regardless of the insuring company, does not provide any coverage for operations, services, exposures or claims in the state of New York.

By signing this statement, I hereby understand and acknowledge that the Worker's Compensation coverage being bound in Century Insurance Group's Environmental Division program for the above referenced named insured does not provide any coverage for operations, services, exposures or claims in the state of New York.

Authorized Representative of Named Insured

Date

Agency Representative

Date

Broker Representative

Date