

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD
ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

www.wcb.ny.gov
Statewide Fax Line: 877-533-0337

NOTICE OF COMPLIANCE

AVISO DE CUMPLIMIENTO

TO EMPLOYEES

A EMPLEADOS

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico o psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar una organización certificada de proveedores preferidos (PPO) usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquier de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación ó necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión ó enfermedad comuníquese con la oficina mas cercana de la Junta.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway-Menands - (866) 750-5157
*Brooklyn, 11201 - 111 Livingston St. - Brooklyn - (800) 877-1373
Binghamton, 13901 - State Office Bldg.-44 Hawley St. - (866) 802-3604
Buffalo, 14202 - 369 Franklin Street - (866) 211-0645
*Hauppauge, 11788 - 220 Rabro Drive - Suite 100 - (866) 681-5354
*Hempstead, 11550 - 175 Fulton Avenue - (866) 805-3630
*New York, 10027 - 215 W.125th St. - Manhattan - (800) 877-1373
*Peekskill, 10566 - 41 North Division St. - (866) 746-0552
*Queens, 11432 - 168-46 91st Ave. - Jamaica (800) 877-1373
Rochester, 14614 - 130 Main Street West - (866) 211-0644
Syracuse, 13203 - 935 James St. - (866) 802-3730

*DOWNSTATE MAIL ADDRESS Claims-related mail for the Hauppauge, Hempstead, Peekskill and all NYC offices should be mailed to: PO Box 5205 Binghamton, NY 13902-5205

Kenneth J. Munnely
Chair (Presidente)

Workers' Compensation Benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

THE STATE INSURANCE FUND
199 Church Street, New York, N. Y. 10007
(212) 312-9000

Effective From 01/01/2018 To cancellation
(En Vigor Desde) (Hasta cancellation)

Policy No. Z 2069 989-8
(Poliza No.)

Name of employer (Nombre de patrono)

LEADER ELECTRIC CO INC
410 W. 127TH ST
NEW YORK NY 10027

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

C-105 (08-2009)

S. I. F. U-30
"U30SIF/ISN"

PRESCRIBED BY CHAIR
WORKERS' COMPENSATION BOARD
STATE OF NEW YORK

www.wcb.ny.gov

THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100
(888) 875-5790

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INSURED: Z 2069 989-8

GROUP MANAGER: 534

LEADER ELECTRIC CO INC
410 W. 127TH ST
NEW YORK NY 10027

HAMOND SAFETY MANAGEMENT LLC
6800 JERICHO TURNPIKE
SUITE 105W
SYOSSET NY 11791

Policy No: Z 2069 989-8
Date: 11/16/2017
Document Number: E10000611230
MP 1167

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN MANUAL. YOU MUST REPORT ANY CHANGE IN OWNERSHIP, IN WRITING, WITHIN 90 DAYS OF SUCH CHANGE. FAILURE TO REPORT SUCH CHANGES WITHIN THIS PERIOD MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

THE EXPERIENCE RATING CHARGE SHOWN BELOW IS IN ACCORDANCE WITH YOUR PAST ACCIDENT EXPERIENCE UNDER THE EXPERIENCE RATING PLAN AS PROMULGATED BY THE APPROPRIATE RATING ORGANIZATION.

THIS POLICY IS ASSIGNED TO GROUP 534 AND IS SUBJECT TO ITS RULES AND REGULATIONS AND AS PER ENDORSEMENT U-258 ATTACHED TO THIS POLICY AND ANY AMENDMENTS THERETO.

72

04/01/2009

THE PREMIUM BASIS OF THE POLICY INCLUDES THE REMUNERATION OF YOUR SUBCONTRACTORS EXCEPT THOSE FOR WHOM A CERTIFICATE OF WORKERS COMPENSATION INSURANCE HAS BEEN PRESENTED THAT IS SATISFACTORY TO US AS DEMONSTRATING OTHER COVERAGE.

89

04/01/2009

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE

THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY

(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

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(888) 875-5790

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TYPE OF BUSINESS: CORPORATION

INFORMATION PAGE RENEWAL POLICY

THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

FELIA SPALLINA PRESIDENT
LEADER ELECTRIC CO INC
SOLE EXECUTIVE OFFICER

89

04/01/2009

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE THE OFFICER(S) DESCRIBED IN THE SCHEDULE. THE PREMIUM BASIS FOR THE POLICY DOES NOT INCLUDE THE REMUNERATION OF THE EXCLUDED EXECUTIVE OFFICER OR OFFICERS. YOU WILL REIMBURSE US FOR ANY PAYMENT WE MUST MAKE BECAUSE OF BODILY INJURY TO SUCH PERSON(S).

SCHEDULE:

FELIA SPALLINA, PRESIDENT
OF ONE PERSON CORP
TEAM READY INC.

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THE STATE INSURANCE FUND

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TYPE OF BUSINESS: CORPORATION

INFORMATION PAGE RENEWAL POLICY

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03/09/2015

IN THE EVENT YOUR EMPLOYEE FAILS TO BRING AN ACTION AGAINST A THIRD PARTY LIABLE FOR AN INJURY WHICH IS COVERED BY THIS POLICY, WE HAVE THE RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST SUCH THIRD PARTY TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF YOUR EMPLOYEE. IF, PRIOR TO THE DATE OF ACCIDENT, YOU HAVE ENTERED INTO A WRITTEN CONTRACT WITH A THIRD PARTY WHO MAY BE LIABLE TO YOUR EMPLOYEE FOR AN INJURY WHICH IS COVERED BY THIS POLICY, AND THE CONTRACT REQUIRES THAT OUR RIGHT OF SUBROGATION BE WAIVED, WE HEREBY WAIVE OUR RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST SUCH THIRD PARTY TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF YOUR EMPLOYEE.

IN THE EVENT YOUR EMPLOYEE BRINGS AN ACTION AGAINST A THIRD PARTY ALLEGEDLY LIABLE FOR AN INJURY COVERED BY THIS POLICY, WE DO NOT WAIVE AND WILL ENFORCE OUR RIGHT TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF YOUR EMPLOYEE FROM THE PROCEEDS OF ANY RECOVERY.

THIS POLICY COVERS THE FOLLOWING ENTITY

LEADER ELECTRIC CO INC

1 EFF: 04/01/2009

THIS POLICY COVERS THE FOLLOWING LOCATION

410 W. 127TH ST
NEW YORK NY 10027

1 EFF: 04/01/2009

THE PREMIUM FOR THIS POLICY WILL BE DETERMINED BY OUR MANUALS OF RULES, CLASSIFICATIONS, RATES AND RATING PLANS. ALL INFORMATION REQUIRED BELOW IS SUBJECT TO VERIFICATION AND CHANGE BY AUDIT.

THIS POLICY IS NOW OPEN TO RENEW OR CREATE WORKERS' COMPENSATION CERTIFICATES OF INSURANCE FOR THE UPCOMING POLICY PERIOD. LOG IN TO YOUR NYSIF CUSTOMER ACCOUNT AT WWW.NYSIF.COM AND SELECT THE "CREATE/RENEW CERTIFICATES" OPTION UNDER THE ECERT MENU TO ACCESS THIS FEATURE.

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INFORMATION PAGE RENEWAL POLICY

ITEM#	CODE CLASSIFICATION DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
1.	5190 ELECT WIRING-IN BUILDINGS&DRVRS--U	1,164,700	8.34	97,135.98
2.	9126 TERRITORY 1 DIFFERENTIAL 0.0%			
3.	8810 CLERICAL OFFICE EMPLOYEES NOC-U	471,900	0.20	943.80
4.	MANUAL PREMIUM			98,079.78
5.	EXPERIENCE RATING CHARGE 16% OF (ITEM 4)			15,692.76
6.	TOTAL MODIFIED PREMIUM			113,772.54
7.	NYSIF CHARGE 20% OF (ITEM 6)			22,754.51
8.	EXPENSE CONSTANT			250.00
9.	TERRORISM PREMIUM.			932.86
10.	NATURAL DISASTER AND CATASTROPHE PREMIUM			163.66
11.	TOTAL ESTIMATED ANNUAL PREMIUM			137,873.57
12.	ASSESSMENT CHARGE 12.1% OF (ITEM 11 LESS ITEM 8).			16,652.45
13.	TOTAL ESTIMATED POLICY COST.			154,526.02
A. DEPOSIT PREMIUM REQUIRED 8.33% OF (ITEM 13) ++				12,877.17

++ THE ACTUAL DEPOSIT AND INSTALLMENT PERCENTAGE IS 8.3333333%.

THE REMAINING BALANCE CAN BE PAID IN 11 INSTALLMENT(S). A \$10 SERVICE CHARGE WILL APPLY TO EACH INSTALLMENT. YOU MAY PAY THE FULL ESTIMATED AMOUNT IF YOU WISH.

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Interest & Service Charge Endorsement

This Policy is amended by adding -

- (1) the following four paragraphs to paragraph "E. Premium payments" of "PART FOUR - PREMIUM:"

"If your annual premium is \$1,000 or more, you may elect to pay via our extended payment plan. Once the initial deposit on your premium has been paid, the remaining balance can be paid in installments on a plan acceptable to us. There will be a service charge of \$10 per installment.

If you are on an extended payment plan, we will send bills monthly.

Payment of an annual bill or a monthly bill is due within twenty-one days of the date of the bill (unless, as provided in the next paragraph, payment is due within fourteen days of the date of the bill). If the total amount due is not received by that due date, you will owe a late payment fee of \$30.00.

If the total amount due plus the late payment charge is not received before one month from the date of the bill, the next bill will include the amount due, if any, for the current month, and any amounts unpaid from prior bills plus any unpaid late charges. Payment of that next bill will be due within fourteen days of the date of that next bill. If the total amount due is not received by that due date, we will issue a notice of cancellation of the policy."

AND

- (2) the following two paragraphs to paragraph "H. Audit" of "PART FOUR - PREMIUM:"

"You will be billed for any premium found due on an audit ("Audit Premium").

If you have an active policy with us, and the amount found due is \$1,000 or more, you may request to pay over time. If the request is agreed to, interest will be charged at the rate of one percent per month on the outstanding balance, the terms of the Audit Premium payment plan and the amount then due will be included on monthly bills, and the provisions of paragraph 'E. Premium payments' of 'PART FOUR - PREMIUM' shall apply."

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TYPE OF BUSINESS: CORPORATION

IMPORTANT NOTICE TO CONSTRUCTION EMPLOYERS

The Construction Employment Payroll Limitation Law, enacted under Senate Bill S7744 and Assembly Bill A11294, provides a more equitable distribution of premium between high wage paying and low wage paying employers in the construction industry. One or more of the classification codes applicable to your policy may be subject to the Payroll Limitation Law (See reverse side for eligible classification codes). The Law does not, however, apply to employments engaged in the construction of one or two family residential housing.

Your overall premium may increase or decrease depending upon geographic territories and/or payroll limitations. The actual weekly payroll of each employee performing employments subject to an eligible classification code is subject to the following limitations:

* A maximum of the greater of \$1,305.92 or the weekly wage upon which the maximum weekly benefit is based for policies with effective dates on or after July 1, 2017.

Construction Employment Geographic Territories and Rate Differentials (Surcharges)		
Territory 1	Counties of The Bronx, Kings, New York, Queens and Richmond	0.0%
Territory 2	Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester.	0.0%
Territory 3	All other counties within the State	0.0%

Construction of One or Two Family Housing - All Territories Payroll Limitation and Differential Not Applicable

(OVER)

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TYPE OF BUSINESS: CORPORATION

CONSTRUCTION EMPLOYMENT PAYROLL LIMITATION ENDORSEMENT

The Construction Employment Payroll Limitation Law (S7744/A11294) requires a payroll limitation and territory premium differential on policies for all employers subject to the Law.

The code(s) currently on your policy may be subject to the law.

The requirements of the Law may be applied during the policy period or may be applied at time of audit.

For policies with effective dates on or after July 1, 2017 with eligible construction classifications only, an employee's actual weekly pay, for premium computation purposes, is subject to a maximum of the greater of \$1,305.92 or the weekly wage upon which the maximum weekly workers' compensation benefit is based.

Territory In Which Work is Performed	Rate Differential Surcharge Applicable on Renewal and/or on Audit
1. Counties of The Bronx, Kings, New York, Queens and Richmond	0.0%
2. Counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester	0.0%
3. All other counties within the State	0.0%

Exception: The above payroll limitation and territorial rate differentials do not apply to the payroll or employees engaged in the construction of one or two family housing.

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SAFETY GROUP ENDORSEMENT

A. INSURANCE COVERAGE

IT IS HEREBY UNDERSTOOD AND AGREED THAT: in consideration of the premium charged, this policy has been assigned to the Group numbered as above and is subject to all of the rules of The State Insurance Fund applicable to such Group for the period shown above and further subject to the following conditions:

B. GROUP ACCOUNTING

Approximately six months after the expiration of the Group period, The State Insurance Fund will begin to prepare a Group accounting statement showing the cumulative experience of the Group. This accounting is for the sole purpose of the determination of the dividend.

C. GROUP ACCOUNTING CREDITS

The Group will be credited in the Group accounting with the following:

- (1) The earned premiums on policies of the members of the Group, less premiums uncollected on cancelled policies or premiums written off. Premiums uncollected on cancelled policies or premiums written off, received in future periods, will be credited to the Group net of the expense of recovery.
- (2) Interest on the contingent balance, if any, at the beginning of each Group period. The rate of interest shall be determined by The State Insurance Fund.

D. GROUP ACCOUNTING CHARGES

The Group will be charged in the Group accounting with the following:

- (1) The incurred losses on policies of the members of the Group taking into consideration losses paid and reserves adequate to meet anticipated losses and carry all claims to maturity. The incurred losses shall be reviewed once a year or more and may be adjusted. The incurred cost of death and permanent disability cases shall be determined in accordance with The State Insurance Fund rules applicable to such cases. Subject to the approval of The State Insurance Fund, the Executive Committee may elect a limit, based upon options presented by the State Insurance Fund, for the combined indemnity and medical costs of any one accident regardless of the number of injuries or claims resulting from such accident.
- (2) An amount for expenses, allocated as well as unallocated, to be charged on the basis of an Expense Rate, applicable to earned premiums, including adjustments, if any, in premiums of previous periods. The Expense Rate applicable to annual Group accountings shall be determined by The State Insurance Fund.
- (3) If a limit for the combined indemnity and medical cost of any accident in the Group accounting is elected, a charge shall be applied. This charge shall be a percentage of the earned premium, including adjustments, if any, in premiums of previous periods. Charges shall be determined by The State Insurance Fund.

(OVER)

THE STATE INSURANCE FUND
199 Church Street New York, N.Y. 10007

NOTICE TO CONTRACTORS

Uninsured Subcontractors

Section 56 of the Workers' Compensation Law makes you responsible (or your Workers' Compensation insurance carrier if you are insured) for payment of benefits to an injured employee of an uninsured subcontractor. Because of this liability, you will be charged premium for any uninsured subcontractor who works for you.

You may avoid this charge by obtaining certificates of Workers' Compensation insurance from subcontractors before they start the job.

Note: Any executive officer, sole proprietor, partner or member of an LLC, etc., who has been excluded from coverage under their own company policy, via an exclusion endorsement, shall be included on the policy of the hiring company when they perform duties that pertain to the operations of the hiring company.

To be considered an independent contractor rather than an employee, a business entity must satisfy all of the requirements of THE NEW YORK STATE CONSTRUCTION INDUSTRY FAIR PLAY ACT :

§ 861-c. Presumption of employment in the construction industry.

1. Any person performing services for a contractor shall be classified as an employee unless the person is a separate business entity under subdivision two of this section or all of the following criteria are met, in which case the person shall be an independent contractor:

(a) the individual is free from control and direction in performing the job, both under his or her contract and in fact;

(b) the service must be performed outside the usual course of business for which the service is performed; and

(c) the individual is customarily engaged in an independently established trade, occupation profession, or business that is similar to the service at issue.

2. A business entity, including any sole proprietor, partnership, corporation or entity that may be a contractor under this section shall be considered a separate business entity from the contractor where all the following criteria are met:

(a) the business entity is performing the service free from the direction or control over the means and manner of providing the service, subject only to the right of the contractor for whom the service is provided to specify the desired result;

(b) the business entity is not subject to cancellation or destruction upon severance of the relationship with the contractor;

(c) the business entity has a substantial investment of capital in the business entity beyond ordinary tools and equipment and a personal vehicle;

(d) the business entity owns the capital goods and gains the profits and bears the losses of the business entity;

(e) the business entity makes its services available to the general public or the business community on a continuing basis;

(f) the business entity includes services rendered on a Federal Income Tax Schedule as an independent business or profession;

(g) the business entity performs services for the contractor under the business entity's name;

(h) when the services being provided require a license or permit, the business entity obtains and pays for the license or permit in the business entity's name;

(i) the business entity furnishes the tools and equipment necessary to provide the service;

(j) if necessary, the business entity hires its own employees without contractor approval, pays the employees without reimbursement from the contractor and reports the employees' income to the Internal Revenue Service;

(continued on reverse side)

THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100
(888) 875-5790

Document Type: NOTICE OF RATE CHANGE	Group No: 534	Period Covered: * 01/01/2018 TO 01/01/2019	R.B. File No: 001962650R
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INSURED: Z 2069 989-8

GROUP MANAGER: 534

LEADER ELECTRIC CO INC
410 W. 127TH ST
NEW YORK NY 10027

HAMOND SAFETY MANAGEMENT LLC
6800 JERICHO TURNPIKE
SUITE 105W
SYOSSET NY 11791

Policy No: Z 2069 989-8
Date: 11/16/2017
Document Number: E10000611230
MP 1167

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME

TYPE OF BUSINESS: CORPORATION

NOTICE OF RATE CHANGE

An overall loss cost decrease of 4.5%, which includes a decrease of 4.6% in the average manual loss cost level and no change in the loss cost provision for terrorism, natural disasters and catastrophic industrial accidents, has been approved by the New York State Department of Financial Services to become effective on October 1, 2017.

The following is a description of the various components of the approved change:

Loss Experience - The latest two policy years of experience produced a 7.5% decrease in the overall loss cost level.

Legislative and Regulatory Changes - This revision includes an estimate of the cost impact of the latest increases in the maximum weekly benefits that were set forth in the 2007 workers compensation reform legislation. This component contributed an increase of 0.7% to the overall change. Legislative changes enacted in 2017 contributed a decrease of 1.7% to the overall change.

Loss Adjustment Expenses - A review of the latest data available resulted in a 0.6% increase in the Loss Adjustment Expense provision.

Future Trends - The latest analysis of New York claim severity and claim frequency indicates a continuing small decrease in claim frequency and an upward trend in both indemnity and medical claim costs. Combined with a projected wage trend, the final selected net trend factor is 3.6%.

Catastrophe Provision - This revision contains no changes in the loss cost provisions for terrorism and for natural disasters and catastrophic industrial accidents.

Classification Loss Costs - Although the average manual loss cost level is decreasing by 4.6%, individual classification loss cost changes are based on the most recently available loss experience for each classification. Both increases and decreases from the current loss costs have been actuarially calculated for each class. This process ensures that each classification loss cost reflects the appropriate level relative to the experience of the other classifications.

FOLLOWING ARE THE RATES THAT WILL APPLY TO YOUR 01/01/2018 RENEWAL AND THE PERCENTAGE OF CHANGE FROM YOUR LAST RENEWAL:

5190	ELECT WIRING-IN BUILDINGS&DRVRS--U	\$	8.34	5.40% DECREASE
8810	CLERICAL OFFICE EMPLOYEES NOC-U	\$	0.20	16.70% DECREASE

@ MANUAL RATE FOR EACH \$100 OF PAYROLL

PLEASE NOTE THAT THE ABOVE RATES WILL BE SUBJECT TO AN EXPERIENCE RATING CHARGE OF 16%. THE EXPERIENCE MODIFICATION PERCENTAGE SHOWN IS TENTATIVE AND CAN BE REVISED BY ENDORSEMENT AS A RESULT OF AN ACTUAL RATING BEING ISSUED BY THE APPROPRIATE RATING AUTHORITY.

THE ABOVE RATES WILL BE SUBJECT TO A 20% CHARGE BY THE

(CONTINUED ON NEXT PAGE)

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TYPE OF BUSINESS: CORPORATION

(CONTINUED)

STATE INSURANCE FUND.

PLEASE READ THE NOTICE REGARDING THE ASSESSMENT CHARGE ON THE REVERSE SIDE.

THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100
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Document Type: NYCCPAP ENDORSEMENT	Group No: 534	Period Covered: * 01/01/2018 TO 01/01/2019	R.B. File No: 001962650R
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TYPE OF BUSINESS: CORPORATION

NEW YORK CONSTRUCTION CLASSIFICATION PREMIUM ADJUSTMENT PROGRAM EXPLANATORY ENDORSEMENT

The New York Construction Classification Premium Adjustment Program (NYCCPAP) allows premium credits for some employers in the construction industry. These credits exist to recognize the difference in wage rates between employers within the same construction industries in New York.

The Information Page section of this policy will show a credit of 0.00% if you are not eligible for this credit, or if you are eligible for this credit and have not yet applied for a credit. Credits are earned for average wages in excess of \$23.24 per hour for each eligible class. If your policy shows one of the following classification codes, and you are experience rated, you are eligible to apply for an NYCCPAP credit:

0042	5037	5183	5222	5443	5491	5547	5703	6045	6235	6325	7855	9545
3365	5040	5184	5223	5445	5506	5606	5709	6204	6251	6400	8227	9549
3724	5057	5188	5348	5462	5507	5610	6003	6216	6252	6701	9526	9553
3726	5059	5190	5402	5473	5508	5645	6005	6217	6260	7536	9527	
3737	5069	5193	5403	5474	5536	5648	6017	6229	6306	7538	9534	
5000	5102	5213	5428	5479	5538	5651	6018	6233	6319	7601	9539	
5022	5160	5221	5429	5480	5545	5701						

The basis for determining the credit is the limited payroll of each employee for the number of hours worked (excluding overtime premium pay) for each construction classification (other than employees engaged in the construction of one or two-family residential housing) for the third quarter, as reported to taxing authorities, for the year preceding the policy date. Total payroll is to continue to be reported for employees engaged in the construction of one or two-family residential housing. For example:

<u>Policy Effective Date</u>	<u>Third Quarter Payroll</u>
4/1/14 thru 3/31/15	2013
4/1/15 thru 3/31/16	2014
4/1/16 thru 3/31/17	2015
4/1/17 thru 3/31/18	2016
4/1/18 thru 3/31/19	2017
4/1/19 thru 3/31/20	2018

If you have any eligible classes on your policy, you should have been notified by your insurance carrier or the New York Compensation Insurance Rating Board approximately four months prior to the inception date of this policy. If you believe you may be eligible for a credit and have not received an application, you should immediately contact your agent, insurance carrier, or the New York Compensation Insurance Rating Board.

Credits are calculated by the New York Compensation Insurance Rating Board. You must submit a complete application to:

**Attention: Field Services Department
New York Compensation Insurance Rating Board
733 Third Avenue
New York, New York 10017**

Applications must be received by the Rating Board three (3) months prior to the policy renewal effective date. The Rating Board will accept and process an application if it is received between the policy effective and expiration date, however, it must be accompanied by a letter stating the reason for the delay. Under no circumstances will an application be accepted for any policy if it is received after the expiration date of the policy. For short-term policies the application must be received prior to the expiration date of the short-term policy. If it is received after the policy expiration, no credit will be calculated.

The New York Workers Compensation and Employers Liability Insurance Manual, and not this endorsement, govern the implementation and use of the NYCCPAP.

For online entry of the information requested on this form, refer to: <http://www.nycirb.org/classification-premium-adjustment>

Thank you for your cooperation.

THE STATE INSURANCE FUND

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TYPE OF BUSINESS: CORPORATION

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2015. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions:

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2015.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2015, and ending on December 31, 2020, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Calendar Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

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TYPE OF BUSINESS: CORPORATION

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism).

This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (TRI0), attached to this policy.

For purposes of this endorsement, the following definitions apply:

CATASTROPHE: (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.

EARTHQUAKE: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.

NONCERTIFIED ACT OF TERRORISM: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:

- a. It is an act that is violent or dangerous to human life, property, or infrastructure;
- b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
- c. It is an act that has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

CATASTROPHIC INDUSTRIAL ACCIDENT: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in the Information Page or in the Schedule below:

SCHEDULE

Rate per \$100 of Remuneration \$.010

Non-Payroll Base Exposure \$.007 of the State Fund Manual Rate Premium

NEW YORK WORKERS' COMPENSATION POLICYHOLDER NOTICE OF RIGHT TO APPEAL

Policyholder Disputes

Policyholders are entitled to inquire, challenge and dispute issues relating to classification, ownership, premium auditing, and/or other New York Compensation Insurance Rating Board (NYCIRB) rulings or decisions pertaining to this policy.

Please refer to the Employer's Appeal Process noted below.

Inquiries may also be directed to the New York State Department of Financial Services (DFS) at:

<http://www.dfs.ny.gov/about/contactus.htm#consumer>

or by calling the Consumer Hotline at 800-342-3736 (Monday through Friday, 8:30 AM to 4:30 PM).

Policyholder Right to Appeal

An insured, or its representative, (hereafter referred to as "insured"), may appeal the application of a rule or procedure contained in the NY Workers Compensation & Employers Liability Manual. Rules or procedures are defined as those determinations, either by a carrier or the Rating Board, which define the variables which make up the policy conditions. Examples include: classification codes, ownership information, premium audits, and any other determination which may affect the policy.

To be considered for review, a written request explaining the reason(s) for the appeal must be submitted to the Rating Board. Upon receipt of the request for review, the following actions will be taken:

1. A staff member will review the request and respond to the insured within sixty (60) days, in writing, acknowledging receipt of the request, granting the insured its request or sustaining its original ruling.
2. The insured, if not satisfied with the outcome in 1. above, may then request, in writing, a conference with members of the Rating Board staff. The request must state the nature of the complaint and contain any supporting documents. The appropriate Department Vice President or his or her designated representative, if appropriate, will preside at the conference.
3. If the dispute is not resolved at the conference, the insured may then appeal to the Underwriting Committee of the Rating Board for a hearing to consider the staff ruling. This appeal must be in writing and must specify the reason(s) for the appeal and the nature of the complaint.

Following receipt of the appeal, the insured will be notified regarding the time and place for the hearing. The appeal will be heard at the next Underwriting Committee meeting for which appropriate time can be given for this matter. Subsequent to the hearing, the insured will be advised, in writing, of the Underwriting Committee decision regarding its complaint.

4. If the Underwriting Committee ruling is not satisfactory to the insured, the insured may then request a hearing at the New York State Department of Financial Services to consider the decision of the Rating Board's Underwriting Committee.
5. The New York State Department of Financial Services decision may be appealed to a higher court, by either the insured or the Rating Board.

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