

State of New York
WORKERS' COMPENSATION BOARD

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

NOTICE OF ELECTION OF A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, PROFESSIONAL LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, PROFESSIONAL LIMITED LIABILITY COMPANY OR SOLE PROPRIETORSHIP TO BRING PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS UNDER THE COVERAGE OF THE NEW YORK STATE WORKERS' COMPENSATION LAW

To: Empire State Agricultural Compensation Trust (EMPACT)
P. O. Box 4910
Syracuse, NY 13221-4910

THIS ELECTION IS EFFECTIVE
AS OF THE DATE FILED WITH
THE INSURANCE CARRIER

TAKE NOTICE that under the provisions of Sec. 54, subd. 8, of the New York Workers' Compensation Law as amended, the partnership as defined in Section 10 of the Partnership Law of New York State or the limited liability partnership (LLP) or professional limited liability partnership (PLLP) or limited liability company (LLC) or professional limited liability company (PLLC) or sole proprietorship named below elects to bring the partners, members or self-employed persons listed herein under the coverage of the New York Workers' Compensation Law with respect to all policies issued to the partnership, LLP, PLLP, LLC, PLLC or sole proprietorship by the insurance carrier named above.

Name of Partnership, LLP, PLLP, LLC, PLLC or Sole Proprietorship _____

Address _____
(County Where Principal Office is Located)

- This is a sole proprietorship having employees required to be covered under the NYS Workers' Compensation Law.
- This is a partnership as defined in Section 10 of the Partnership Law of New York State, having employees required to be covered under the NYS Workers' Compensation Law. This is not a limited partnership.
- This is a limited liability partnership or professional limited liability partnership having employees required to be covered under the NYS Workers' Compensation Law.
- This is a limited liability company or professional limited liability company having employees required to be covered under the NYS Workers' Compensation Law.

PARTNERS, MEMBERS OR SELF-EMPLOYED PERSONS TO BE INCLUDED IN POLICY

Name and Address of partners, members, or self-insured persons included in policy. Copy of this notice should be sent to each person named below.

I am a general partner sole proprietor member other (specify) _____

of the herein named firm or company and certify that the above election to include partners, members or self-employed persons as set forth above, was duly made by the partnership, company, or sole proprietorship and was entered upon the records of the firm or company.

Name of Firm or Company _____ Date _____

(Signature)

Type Name and Title

Telephone No.

PLEASE NOTE

This form applies only to the partners, members or self-employed persons here certified and should be sent at once to the insurance carrier. A new Form C-105.32 must be filed whenever new or additional partners, members or self-employed persons are to be included or when the insurance carrier is changed. For copy of Sec. 54, subd. 8, of the Workers' Compensation law and Sec. 10 of the Partnership Law see reverse side.

C-105.32 (4-04)

U-627 Front

www.wcb.state.ny.us