



**THE
FLANDERS
GROUP**

A PRIDE OF INSURANCE EXPERTS

New York State Insurance Fund Website

Account Information and Process Certificates of Insurance

To provide you with the greatest flexibility, we are introducing the New York State Insurance Fund ("NYSIF") online certificate issuance website. This tool will provide you direct access to issue your certificates when it is most convenient right in your own office.

This access will provide you with the capability to process and print certificates 24/7. In addition, you will have access to your monthly billing statements and current account status.

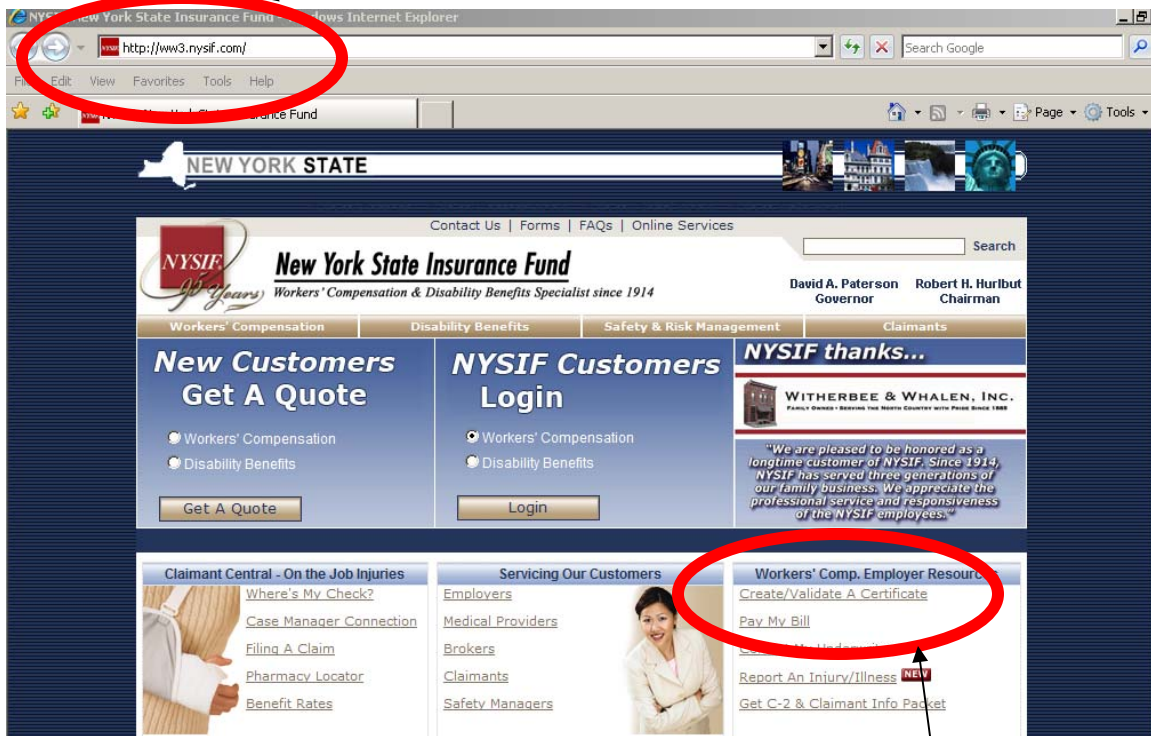
Attached please find the step-by-step directions to set up your own NYSIF account and access to issue certificates. In a few days, I will follow up with a phone call to you to see if you have any questions regarding this information. In the meantime, if you need assistance, please call our office at 800-462-6435 or the NYSIF help line at 1-888-875-5790.

Our goal is to help you get back to business sooner and we think this new website will do just that.

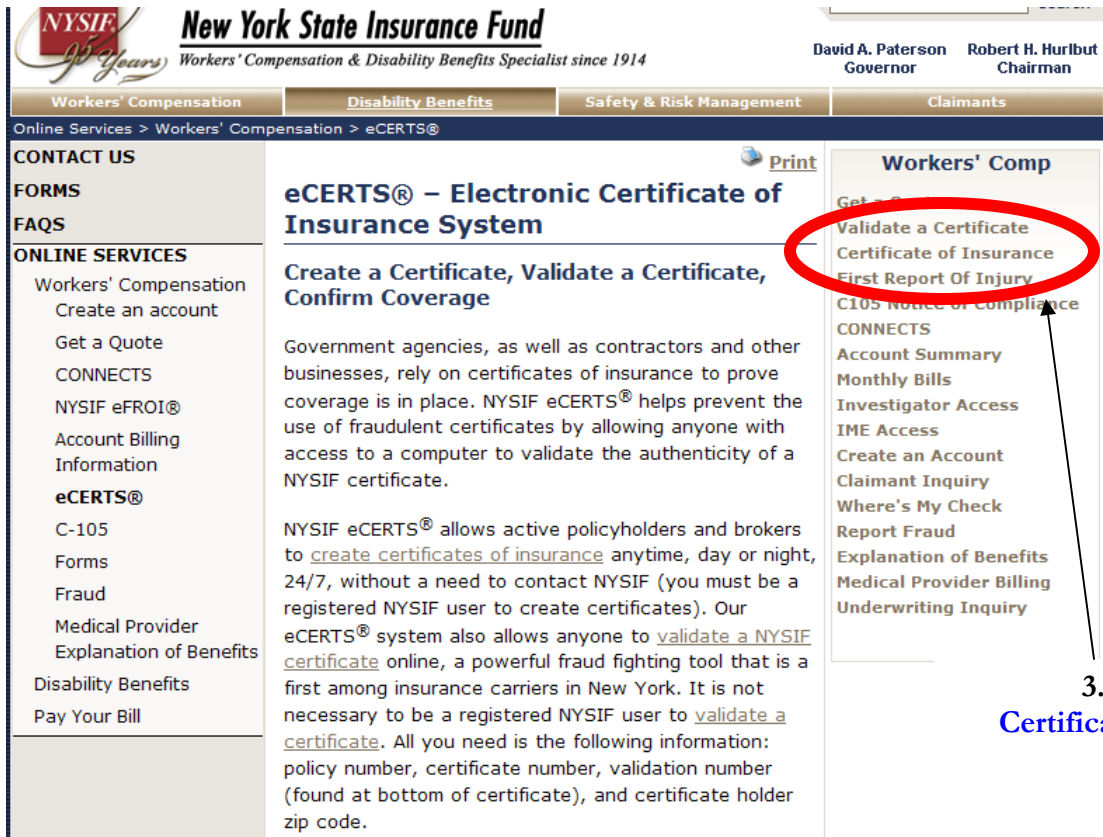
Please note:

Upon policy renewal, certificates will be issued directly from the State Fund and will come under separate cover from your policy.

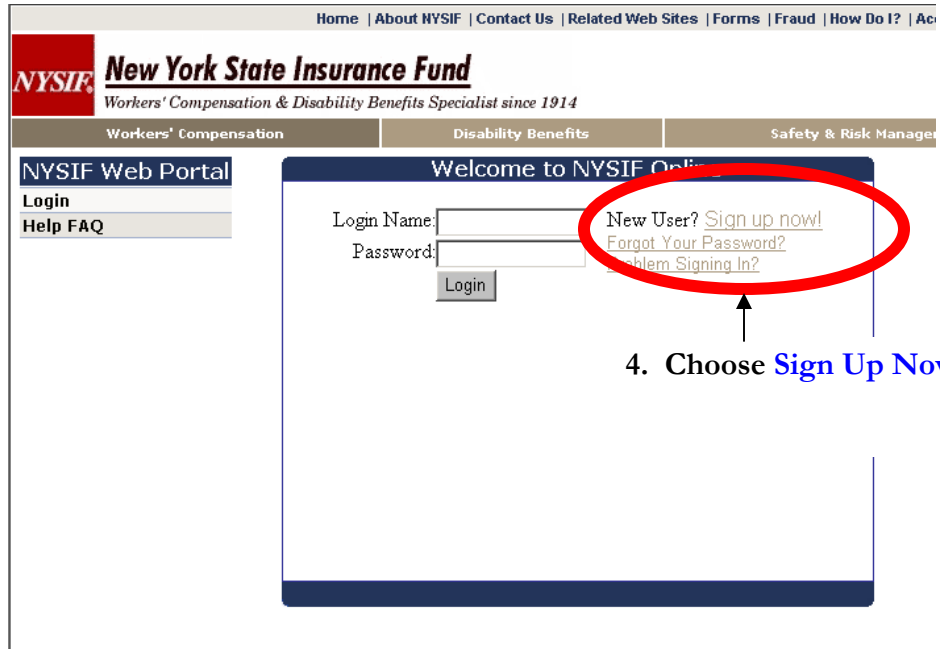
1. In your web browser, type in the address:
www.nysif.com



2. Click on [Create/Validate A Certificate](#)



3. Click on [Certificate of Insurance](#)



Conditions of Use, which shall remain valid and enforceable, and the invalid or unenforceable provision shall be deemed superceded by a valid, enforceable provision that most closely matches the intent of the original provision.

(IX) Jurisdiction/Enforceability

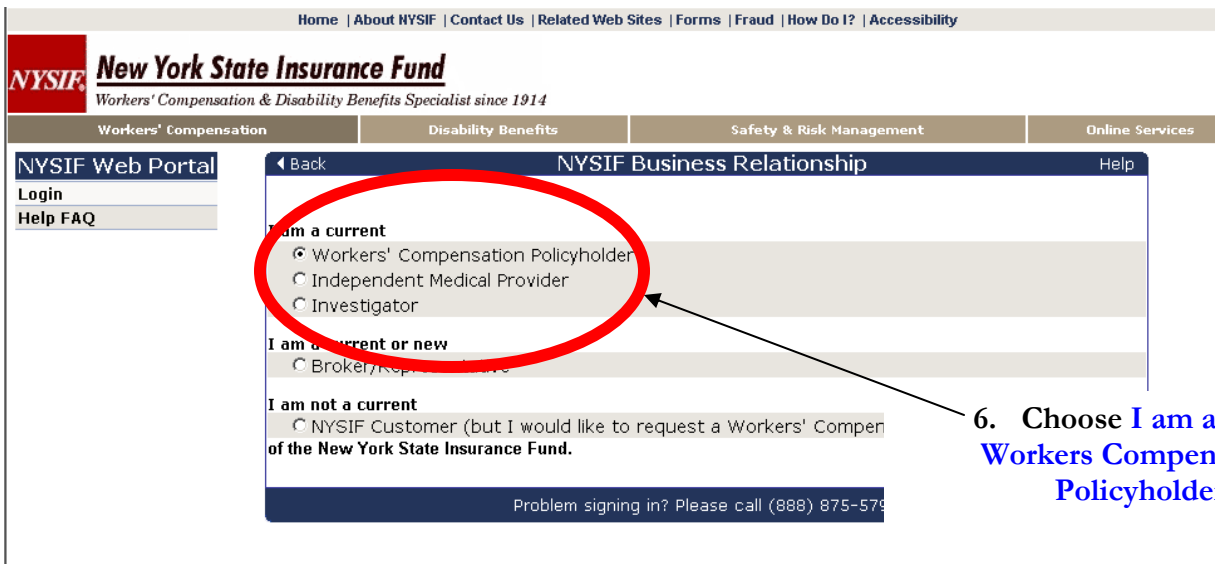
Use of this site for an online transaction shall be governed by and construed in accordance with the laws of the State of New York without giving effect to any principles of conflicts of laws. Any dispute concerning such transactions shall be subject to the exclusive jurisdiction of the Workers' Compensation Board. All actions at law arising outside of the jurisdiction of the Workers' Compensation Board shall be brought in the New York Court of Claims if such Court shall have jurisdiction. All other actions at law shall be brought in a court of competent jurisdiction of the State of New York with venue lying in New York County.

I have read and I understand the Privacy Policy and Terms of Use for Online Transactions and I accept them in their entirety.

Accept Decline

Submit

5. Read and Accept the Terms of Use and click **Submit**



NYSIF Web Portal

Login

Help FAQ

Policyholder Identity Verification

Step 1 Identity 2 Profile 3 Email 4 PIN

Please provide the following information as shown on the Information Page of your

Policy Number: (enter digits only)

Document Number: (enter both letter and digits)

Period Covered End Date: (mm/dd/yyyy format)

Group Number:

Problem signing in? Please call (888) 875-5790

7. Refer to your most recent policy and fill in the blanks. Enter **NUMBERS ONLY** in the policy box. Your document # is in the upper right-hand corner of your renewal, under the date. If you do not know your document number, call the help desk at 1-888-875-5790
Click **Submit**

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NYSIF **New York State Insurance Fund**
Workers' Compensation & Disability Benefits Specialist since 1914

Workers' Compensation Disability Benefits Safety & Risk Management Claimant

NYSIF Web Portal

Login

Help FAQ

Online Customer Profile

Information verified, please fill in your profile

Step 1 Identity 2 Profile 3 Email 4 PIN

First Name: * Last Name: *

Company:

Title:

Address Line 1:

Address Line 2:

City: * State: * NY Zip: *

Telephone: * Fax: Email: *

Login Name: * (min. 6 characters,alpha-numeric,no spaces)

Password: * (min. 6 characters,alpha-numeric,no spaces) Confirm Password: *

*Required

8. Complete steps 2, 3 and 4.

**Please see next page for further information regarding steps #2-4*

[Explanation of Steps 2-4](#)

Step 2:

Fill in customer profile. At this time you must create the following:

1. Login Name
2. Password
3. Enter a valid E-Mail address. This address will be used by NYSIF to send a confirmation message containing information on how to complete the registration process.

Step 3:

An e-mail will be sent to the e-mail address you provided. The e-mail will instruct you to click on the link contained in the e-mail. This will complete this stage of the online activation.

Step 4:

A letter will be mailed to your address within the next seven days. The final step in the process is to input the PIN number provided in the letter. The letter contains instructions on how to complete this step. Once this step is completed you will have access to the system.

The screenshot shows the NYSIF Web Portal interface. At the top, there is a navigation bar with links: Home | Board of Commissioners | About NYSIF | Contact Us | Forms | Fraud | How Do I? | Online Services | Logout. Below this is the NYSIF logo and the text "New York State Insurance Fund" and "Workers' Compensation & Disability Benefits Specialist since 1914". A horizontal menu contains: Workers' Compensation, Disability Benefits, Safety & Risk Management, and Claimants. On the left, a vertical menu lists various services, with "Create Certificates" circled in red. A central blue box displays the message: "New York's Largest Workers' Compensation & Disability Benefits Carrier. Lowest Cost Coverage for All Businesses in New York State. Specializing Only In Workers' Compensation & Disability Benefits Insurance." Below this, it says "You are now logged-in. Your last access time was on January 7, 2009 at 03:18:19 PM." At the bottom of the blue box, it states: "The New York State Insurance Fund sells workers' compensation and disability benefits insurance. Claims are adjudicated by the Workers' Compensation Board, which is not a part of the New York State Insurance Fund."

9. Once logged into your account, click on [Create Certificates](#)

The screenshot shows the "Certificate System v2.2.0 -- Inquiry" page. It features a search form with fields for Policy Number, Certificate Number, Cert. Holder Name, Certificate Type (set to "All"), and Cert. Policy Holder Email. There are also fields for "Date(s)" with "From:" and "To:" sub-fields, and "Certificate Status" with radio buttons for "Active", "Voided", and "All". Below the search form, it says "Records No: 0". At the bottom of the search area, there are buttons: "Bulk Certificate", "New Certificate", "Next", "Clear All", "Near Grid", and "Search". The "New Certificate" button is circled in red.

10. Click on [New Certificate](#)

11. Fill in policy number and click on **Get Policy Info**

Home | Board of Commissioners | About NYSIF | Contact Us | Forms | Fraud | How Do I? | Online Services | Logout

NYSIF **New York State Insurance Fund**
Workers' Compensation & Disability Benefits Specialist since 1914

Workers' Compensation | Disability Benefits | Safety & Risk Management | Claimants

← Certificate System v2.2.0 -- Create

Policy Number: Get Policy Info

Policy Number:

Insured Name:

Issue Certificate for: Entity Number: n/a Location Number: n/a

Policy Period: Start: End:

Certificate Holder Name and Address:
 Show Previous Certificate Holders
 Certificate Holder with Non-US Address

City: State: NY Zip:

E-mail Certificate To: Certificate Holder
Policyholder

Create Certificate Reset Fields Change Parameters Clear All

Home | Board of Commissioners | About NYSIF | Contact Us | Forms | Fraud | How Do I? | Online Services | Logout

NYSIF **New York State Insurance Fund**
Workers' Compensation & Disability Benefits Specialist since 1914

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← Certificate System v2.2.0 -- Create

THE FLANDERS GROUP INC T/A THE FLANDERS GROUP
WEST BROOK BLDG. 2850 CLOVER STREET PITTSFORD NY 14534

Policy Status :Active

Policy Number: 10494748 Get Policy Info

Policy Number: 1049 474-8

Insured Name: THE FLANDERS GROUP INC T/A THE FLANDERS GROUP

Issue Certificate for: Entity Number: n/a Location Number: n/a

Policy Period: Start: 07/01/2008 End: 07/01/2009

Certificate Holder Name and Address: TEST CERTIFICATE
2850 CLOVER STREET
 Show Previous Certificate Holders
 Certificate Holder with Non-US Address

City: PITTSFORD State: NY Zip: 14534

E-mail Certificate To: Certificate Holder
Policyholder

Preview Certificate Reset Fields Change Parameters Clear All

12. Enter the certificate information. To preview the certificate before you create it, check the box on the bottom left and click on **Preview Certificate**.

**This is a preview of your certificate.
If it is correct, scroll down and click "CREATE CERTIFICATE".
Once certificate is created you can view, print and/or save certificate.**

THE FLANDERS GROUP INC T/A
THE FLANDERS GROUP
WEST BROOK BLDG. 2850 CLOVER STREET
PITTSFORD NY 14534

POLICYHOLDER THE FLANDERS GROUP INC T/A THE FLANDERS GROUP WEST BROOK BLDG. 2850 CLOVER STREET PITTSFORD NY 14534	CERTIFICATE HOLDER TEST CERTIFICATE 2850 CLOVER STREET PITTSFORD NY 14534
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POLICY NUMBER 1049 474-8	CERTIFICATE NUMBER *****	PERIOD COVERED BY THIS CERTIFICATE 07/01/2008 TO 07/01/2009	DATE 01/07/2009
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1049 474-8 UNTIL 07/01/2009, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 07/01/2009 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE

https://www.nysif.com/PhsCert/Html/certCreate.htm?opt= Preview Internet

13. After reviewing the certificate, scroll down and click **Create Certificate**. Once the certificate is created, you can view, print and/or save the certificate.