

MKM ENVIRONMENTAL CONSULTING LLC
4512 46TH ST #327
SUNNYSIDE NY 11104



YOU'VE RENEWED YOUR POLICY. NOW SEE HOW WE'VE RENEWED OUR COMMITMENT.

At NYSIF, we're working harder than ever to earn your business. We're making changes based on feedback from policyholders like you so we can be our best for you every day.

Dear Valued Policyholder,

Thank you for choosing to continue your workers' compensation coverage with NYSIF. Enclosed is your renewal policy.

NYSIF is dedicated to you, your business and your employees. That's why we're making improvements across every aspect of our business to deliver the best workers' compensation experience for you.

With NYSIF, now you can:

- Pay your bills online or set up automatic payments with AutoPay
- Quickly reach a live representative, not a machine, with your questions
- Access easy-to-use online tools on our enhanced website
- Securely upload audit documents or participate in a completely contactless virtual audit
- Benefit from our market-leading expertise with our free safety and loss-control services

For over 100 years, businesses like yours have relied on NYSIF to protect millions of hardworking New Yorkers. Our mission hasn't changed, but how we accomplish it has.

Your business is very important to us. We will continue to make changes to better serve you and workers across New York. Visit nysif.com to learn more.

Sincerely,
Gaurav Vasisht
Executive Director & CEO

SIGN UP
for an online
account today!

**nysif.com/
signup**

- Get updated info via email
- Convenient online policy and claims tools
- Easily schedule audits
- Set up automatic payments



THE STATE INSURANCE FUND

199 Church St, New York, NY, 10007-1100

(888) 875-5790

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: * 06/21/2023 TO 06/21/2024	R.B. File No: 001510297R
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INSURED: K 2447 811-7

REPRESENTATIVE: 917385

MKM ENVIRONMENTAL CONSULTING LLC
4512 46TH ST #327
SUNNYSIDE NY 11104

NYC METRO INSURANCE AGENCY
59-07 175TH PL STE PH
FRESH MEADOWS NY 11365

Policy No: K 2447 811-7
Date: 05/03/2023
Document Number: E10001793830

MP 482

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

TYPE OF BUSINESS: LIMITED LIABILITY COMPANY

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

YOU MUST REPORT ANY CHANGE IN OWNERSHIP TO US IN WRITING WITHIN 90 DAYS OF THE DATE OF THE CHANGE. 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. EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSUREDS. 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.

FAILURE TO REPORT ANY CHANGE IN OWNERSHIP, REGARDLESS OF WHETHER THE CHANGE IS REPORTED WITHIN 90 DAYS OF SUCH CHANGE, MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

THIS REPORTING REQUIREMENT APPLIES REGARDLESS OF WHETHER AN EXPERIENCE RATING MODIFICATION IS CURRENTLY APPLICABLE TO THIS POLICY.

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

91 06/21/2018

SOLE PROPRIETOR, PARTNER AND MEMBER OF

A LIMITED LIABILITY COMPANY EXCLUSION ENDORSEMENT

THIS POLICY DOES NOT COVER YOU WITH RESPECT TO BODILY INJURY SUSTAINED BY ANY SELF-EMPLOYED PERSON, PARTNER OF A PARTNERSHIP OR MEMBER OF A LIMITED LIABILITY COMPANY. THE PREMIUM BASIS OF THE POLICY DOES NOT INCLUDE THE REMUNERATION OF ANY SUCH PERSON.

**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.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

CONDITIONS

- 1. THE POLICY ISSUED BY THE STATE INSURANCE FUND IS A CONTINUOUS ONE AND REMAINS IN EFFECT UNTIL CANCELLED.**
- 2. THIS DOCUMENT NEITHER REINSTATES THE POLICY IF PREVIOUSLY CANCELLED NOR RESCINDS ANY OUTSTANDING CANCELLATION NOTICE.**
- 3. FOR THE PURPOSE OF SERVING NOTICE, THIS ASSURED AGREES THAT THE ADDRESS SHOWN ON PAGE ONE OF THIS DOCUMENT IS BOTH BUSINESS AND RESIDENCE ADDRESS OF THIS ASSURED AND/OR ANY REPRESENTATIVE OF THIS ASSURED UPON WHOM NOTICE MAY BE SERVED.**
- 4. PURSUANT TO CHAPTER 55 OF THE LAWS OF 1992, ALL CHECKS RETURNED UNPAID WILL BE SUBJECT TO A \$20 ADMINISTRATIVE FEE.**

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INFORMATION PAGE RENEWAL POLICY

THIS POLICY COVERS THE FOLLOWING ENTITY

MKM ENVIRONMENTAL CONSULTING LLC 1-1 EFF: 06/21/2018

THIS POLICY COVERS THE FOLLOWING LOCATIONS

2016 LINDEN ST 1 1-0 EFF: 06/21/2018
 RIDGEWOOD NY 11385
 276 GREENPOINT AVE # 281 2-8 EFF: 07/15/2019
 BROOKLYN NY 11222
 4512 46TH ST #327 3-6 EFF: 01/11/2021
 SUNNYSIDE NY 11104

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.

ITEM#	CODE	CLASSIFICATION	DESCRIPTION	ESTIMATED PAYROLL	X RATE PER \$100	= SIF MANUAL RATE PREMIUM
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The payroll for your policy renewal is based on prior audited/reported payroll. If your payroll has decreased due to the COVID-19 crisis, please contact your policy representative so your payroll can be adjusted accordingly.

1.	8720 INSPECTION OF RISKS FOR INSURANCE-U	90,500	2.11	1,909.55
2.	MANUAL PREMIUM			1,909.55

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INFORMATION PAGE RENEWAL POLICY

3. EXPERIENCE RATING CREDIT 3% OF (ITEM 2)	57.29CR
4. TOTAL MODIFIED PREMIUM	1,852.26
5. NYSIF DISCOUNT 25% OF (ITEM 4)	463.07CR
6. EXPENSE CONSTANT	250.00
7. TERRORISM PREMIUM.	34.39
8. NATURAL DISASTER AND CATASTROPHE PREMIUM	5.43
9. TOTAL ESTIMATED ANNUAL PREMIUM	1,679.01
10. ASSESSMENT CHARGE 9.8% OF (ITEM 9 LESS ITEM 6)	140.04
11. TOTAL ESTIMATED POLICY COST.	1,819.05

A. DEPOSIT PREMIUM REQUIRED 25% OF (ITEM 11) 454.76

THE REMAINING BALANCE CAN BE PAID IN 9 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-six 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). Payment, including payment sent by mail, is not effective until it has been received by NYSIF. If the total amount due is not received by the 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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NOTICE OF RATE CHANGE

An overall loss cost decrease of 8.7%, which includes a decrease of 8.9% 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, 2022.

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

Loss Experience - The latest two policy years of experience produced a decrease of 3.8% in the overall loss cost level.

Legislative 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 0.8% to the overall change.

Loss Adjustment Expenses - A review of the latest data available resulted in an increase of 0.3% in the Loss Adjustment Expense provision.

Future Trends - The latest analysis of New York claim severity and claim frequency indicates a continuing decrease in claim frequency, an upward trend in indemnity claim costs and a mild upward trend in medical claim costs. Combined with a projected wage trend, the final selected net trend factor is -6.3%.

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 8.9%, 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 06/21/2023 RENEWAL AND THE PERCENTAGE OF CHANGE FROM YOUR LAST RENEWAL:

8720 INSPECTION OF RISKS FOR INSURANCE-U \$ 2.11 9.10% DECREASE

@ MANUAL RATE FOR EACH \$100 OF PAYROLL

PLEASE NOTE THAT THE ABOVE RATES WILL BE SUBJECT TO AN EXPERIENCE RATING CREDIT OF 3%. 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 25% DISCOUNT BY THE STATE INSURANCE FUND.

(CONTINUED ON NEXT PAGE)

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(CONTINUED)

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

THE STATE INSURANCE FUND

199 Church Street New York, N.Y. 10007

ASSESSMENTS FOR WORKERS' COMPENSATION POLICIES ISSUED ON OR AFTER JANUARY 1, 2023:

The Assessment Charge listed on the Information Page of the policy is a charge assessed by the Workers' Compensation Board to cover the costs of the Board in administering the workers' compensation system and in financing various special funds that the Board administers. As provided by the Workers' Compensation Law, for policies issued or renewed in or after 2014, these charges will be assessed directly to you as an employer but will continue to be billed by us along with your premium. We will remit the Assessment Charge to the Board. The Board has determined that the rate for assessments effective January 1, 2023 is 9.8 %, which is applied to your "Total Estimated Annual Premium" shown on the Information Page of the policy (subject to any later changes to your annual premium), less the Expense Constant, less any credit for a deductible that applies to your policy and less any premium for federal coverage that applies to your policy. You will be billed one amount reflecting the total of your premium, Board assessments and all other applicable charges. Your failure to pay an Assessment Charge to us will result in the cancellation of your policy.

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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 2019. 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 2019.

"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, 2021, and ending on December 31, 2027, 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.

Policyholder Disclosure Notice

- 1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.**
- 2. Notwithstanding Item 1. above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.**
- 3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4. of the Information Page or in the Schedule below.**

Schedule

State	Rate
New York State	Rate per \$100 of Payroll \$.038
	Non-payroll Base Exposures 2.3% of the State Fund manual rate premium

The State Insurance Fund

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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 (TRIO), 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 \$.006

Non-Payroll Base Exposure \$.004 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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05/03/2023

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

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 concierne 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, quiropractico o psicologo (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 organizacion 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 cualquiera de estos programas establecidos por ley estan 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 ningun 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 asi lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios seran 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 comuniquese con la oficina mas cercana de la Junta.

**NYS Workers' Compensation Board
Centralized Mailing
PO Box 5205
Binghamton, NY 13902-5205**

Customer Service Line: 877-632-4996

**CHAIR/PRESIDENTE
Workers' Compensation Board**

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

NYSIF PO Box 66699; Albany, NY 12206 (888) 875-5790			
Effective From (En Vigor Desde)	06/21/2023	To (Hasta)	cancellation cancellation)
Policy No. (Poliza No.)	K 2447 811-7		

Name of employer (Nombre de patrono)

**MKM ENVIRONMENTAL CONSULTING LLC
4512 46TH ST #327
SUNNYSIDE NY 11104**

**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 (9-17)
U30SIF**

WORKERS' COMPENSATION BOARD
PRESCRIBED BY CHAIR
STATE OF NEW YORK

www.wcb.ny.gov