



APPLICATION FOR LICENSE TO APPEAR ON BEHALF OF, OR REPRESENT, INSURERS AND/OR SELF-INSURERS under Section 50(3-b) or 50 (3-d) of the Workers' Compensation Law

Application type options: New Application, Renewal Application, New Qualifying Officer

APPLICATION IS MADE UNDER (check one): Section 50(3-b) or Section 50(3-d)

Applicant's failure to disclose fully and accurately any fact or information in this application may result in the denial of the application or, in the event that the license was approved or renewed before the discovery thereof, in the suspension or revocation of the license or authorization pursuant to 12 NYCRR Section 302-2.9.

Please note that Section I pertains to the Third Party Administrator ("TPA") applicant, Section II pertains to the applicant's Qualifying Officer, and Section III pertains to any employees of applicant that will practice before the Board.

I. INFORMATION REGARDING APPLICANT (Third Party Administrator)

- 1. Name of applicant/organization:
a. Type of organization: individual, partnership, corporation, other (specify)
b. DFS license number for the business entity:
c. Social Security Number/Federal Identification Number:
d. Other name(s) used by the individual applicant or organization? Yes No
e. Business Address:
f. Business Telephone: g. Business email address:
g. Business contact name (if different from the qualifying officer, see #2 below):
2. Name of qualifying officer:
3. Types of claims to be administered (check all that apply): Workers' Compensation, Disability Benefits, Paid Family Leave
4. List additional business addresses in New York State if not listed in #1 above (include name of office manager and authorized employees at location, business address, telephone number and email address):

NOTE: 12 NYCRR Section 302-1.2 requires that applicant and, if a corporation, a corporate officer, be a permanent resident of the State of New York or have a regular place of business in the State of New York. If the qualifying officer is not a permanent resident or does not have a regular place of business in the State of New York, please contact licensing@wcb.ny.gov prior to submitting this application.

5. Names and home addresses of all individual owners, partners, officers, members and/or corporate directors of the corporation (please attached additional sheet if necessary):

Table with 4 columns: Name, Home Address, Title, Salary

6. Has the applicant or any owner, partner, officer, member or corporate director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No

NOTE: If you answered "Yes", you must attach a written statement identifying the type of license and explaining the circumstances of each incident, a copy of the Notice of Hearing or other document stating the charges and allegations, and a copy of the official document which demonstrates the resolution of the charges or any final judgement.

7. Has the applicant or any owner, partner, officer, member or corporate directors ever been convicted of a crime? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or a suspended sentence. Yes No

If "Yes", give details:

8. Are there any criminal charges now pending against the applicant or any owner, partner, officer, member or corporate director?

Yes No If "Yes", give details:

9. Has any judgement been filed against the applicant or any owner, partner, officer, member or corporate director? Yes No

If "Yes", give details:

10. Has the applicant or any owner, partner, officer, member or corporate director been issued a discharge in bankruptcy court?

Yes No If "Yes", give details:

11. List the name and W#s for all insurers and the name of all self-insured employers represented by applicant in the last calendar year (Please attach additional sheet, if necessary.):

Name of Self-Insureds and Insurers Represented	W#

The following four questions are for Workers' Compensation renewal applications only:

12. Approximately how many new or acquired workers' compensation claims were filed with the Workers' Compensation Board during the last completed calendar year? _____

How many of these claims had a companion third-party action commenced or settled? _____

NOTE: If no new claims were filed or acquired in the last calendar year, please contact licensing@wcb.ny.gov to discuss your application as your license may be held in abeyance until claims handling commences or resumes.

13. How many review applications (appeals) did applicant file with the Administrative Review Division in the last calendar year? _____

a. How many of these cases appealed were ultimately resolved in the insurer's/employer's favor by the Board? _____

b. How many appeals did applicant process to conclusion at the Appellate Division? _____

c. How many of those Appellate Division appeals were resolved in the insurer's/employer's favor? _____

14. Have any of the following penalties been assessed against you by the Board in the past three years (misrepresentation, late payment, frivolous appeal, late controversy, failure to file a form, delay of claim)?

Yes No If "Yes", give details (please attach additional sheet, if necessary):

15. Have any penalties been assessed against you by any other governmental authority(Including foreign governments such as other states) in the past three years? Yes No

If "Yes", provide details:

16. **For corporate applicants only.** Provide names, addresses, social security numbers or federal employer identification numbers for all principal stockholders (all those owning at least 20% of corporation stock) and the percentage of stock owned by each (please attach additional sheet, if necessary.) **If the applicant is wholly owned by an insurance carrier, please provide that information here.**

Name	Address	SSN or FEIN	%

The following questions pertain to each of the principal stockholders listed above:

- a. Have any of the principal stockholders (or if a corporation, the officers thereof) ever been convicted of a crime? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or a suspended sentence. Yes No

If "Yes", give details:

- b. Do any of the principal stakeholders own stock in a corporation which has been granted self-insurer's status under the New York State Workers' Compensation Law? Yes No

If "Yes", give details:

- c. Do any of the principal stockholders own stock in any corporation (other than applicant) licensed or authorized to write workers' compensation insurance in New York State? Yes No

If "Yes", give details:

- d. If any individual stockholder does not have a social security number or federal tax identification number, please provide an explanation:

II. INFORMATION REGARDING APPLICANT'S QUALIFYING OFFICER

17. Provide the following information relating to the qualifying officer:

a. Name: _____

b. Home Address: _____

c. Social Security Number: _____

If the qualifying officer does not have a social security number, please provide an explanation:

d. Corporate officer title: _____

Note: If new applicant is a corporation, please provide a copy of the corporate resolution, with the corporate seal affixed, appointing the qualifying officer (or new qualifying officer) as a corporate officer.

18. List all employment during past three years:

From	To	Employer	Business Address	Salary

19. Are you a U.S. Citizen? Yes No

i. If naturalized, give date and place of naturalization: _____

ii. If permanent resident alien, give registration no. and date: _____

20. Post-Elementary Education:

School Name and Address	From	To	Degree

21. Has the qualifying officer had any license, certificate, permit or any other authorization to practice in any trade or profession revoked or suspended? Yes No If "Yes", give details:

22. Has the qualifying officer ever been convicted of a crime? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or a suspended sentence. Yes No

If "Yes", give details:

23. Are there any criminal charges now pending against the qualifying officer? Yes No

If "Yes", give details:

24. If the qualifying officer is an attorney, answer the following:

a. Is the qualifying officer an attorney in good standing admitted to practice law in the State of New York? Yes No

b. Has the qualifying officer ever been disbarred or suspended from the practice of law? Yes No

If "Yes", give details:

25. If the qualifying officer is not an attorney, please answer the following:

a. Has the qualifying officer previously taken and passed the Workers' Compensation Board's Licensed Representative Exam?

Yes No

b. Is the qualifying officer licensed by the NYS Department of Financial Services as a licensed claim adjuster for workers' compensation claims? Yes No

III. INFORMATION REGARDING EMPLOYEES OF APPLICANT THAT APPEAR BEFORE THE BOARD

Note: "Appear before the Board" includes the filing of any forms or transactions (e.g., FROI or SROI transactions).

26. Provide the following information of all employees that appear before the Board (please attach additional sheets, if necessary.):

Name	Home Address	U.S. Citizen (Y/N)	Over 18 Years of Age (Y/N)

27. Provide the following information of all employees that practice before the Board (please attach additional sheets, if necessary.):

Name:	Name:	Name:

Current Employer Name			
Previous Employer Name/Address			
High School Graduate (Y/N)			
College/Degree Earned			
Attorney admitted in the State of New York (Y/N)			
Licensed Representative (Y/N)			

28. Are all employees responsible for investigations and adjusting claims licensed as independent adjusters by the Department of Financial Services? Yes No If "No", provide names of employees that are not licensed and reason why:

29. Have any of the employees listed above had any license, certificate, permit or any other authorization to practice in any trade or profession revoked or suspended? Yes No If "Yes", give details:

30. Have any of the employees listed above been convicted of a crime? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or a suspended sentence. Yes No

If "Yes", give details:

31. Are there any criminal charges now pending against any of the employees listed above? Yes No

If "Yes", give details:

32. For any employees listed above that are authorized to appear before the Board, provide the approximate number of claims that each employee handled during the last completed calendar year? (attach additional sheets, if necessary.)

	Name:	Name:	Name:
# of Claims			

33. Additional requirements

Please attach the following documents to this application:

1. **Proof of workers' compensations and disability coverage forms (C-105.2 and DB-120.1).** Workers' compensation law requires all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts carry workers' compensation and disability benefits insurance or qualify for an exemption. Note: the legal name in box 1a must be the same as the legal name of the applicant third-party administrator.
2. **Third Party Administrator (TPA) Surety Bond form (OC-407).** Regulation 12 NYCRR § 302-1.7 (c) requires that "A surety bond in form prescribed by the chairman in the sum of \$5,000 per year shall be filed by each applicant for a license to represent self-insured employers." Please submit the original document, not a copy.
3. **List of Corporate Officers** (if applicant is a corporation) or members (if LLC).
4. **List of clients represented by the TPA** (if this is an initial application, please list any clients that the TPA plans to represent.)
5. **Certificate from NYS DOS.** With an initial application, any out-of-state TPA that is not affiliated with an insurance carrier must submit evidence from the NYS Department of State showing that the TPA was formed in the State of New York. (See WCL § 50 (3-d))

Instructions for Completing Form OC-403, Application for License to Appear on Behalf of or Represent, Insurers and/or Self-Insurers

At the top of page, indicate whether this is a **new application**, a **renewal application** or an application to appoint a **new qualifying officer**.

Next, select which section of the New York State Workers' Compensation Law (WCL) applies:

- Check WCL **Section 50 (3-b)** if the applicant is a U.S. citizen (or an alien lawfully admitted for permanent residence in the United States), firm, or a corporation organized under the laws of the state of New York.
- Check **Section 50 (3-d)** if the applicant is
 - the state insurance fund; or
 - an insurance company licensed to write workers' compensation insurance in New York (or an affiliate or subsidiary thereof); or
 - an adjusting company or association licensed or authorized by the New York State Department of Financial Services. Any corporation formed solely for the purpose of representing self-insurers or insurers before the Workers' Compensation Board in any hearing, investigation or inquiry relative to a claim for compensation or benefits under the New York State Workers' Compensation Law shall be formed under the laws of the state of New York.

Section I - Information regarding applicant. This section pertains to the TPA entity. Section II pertains to the Qualifying Officer, and Section III pertains to employees of the TPA entity.

Question 1. Complete questions a through g. "DFS" stands for NYS Department of Financial Services. Any out-of-state entity applying for a license, or any out-of-state TPA that is currently licensed by the board to adjust claims must also be licensed by DFS as a business entity pursuant to Insurance Law 2108 and 2101.

Question 2. The qualifying officer must be an officer of the TPA entity, and must be a permanent resident of New York State or have a regular place of business in New York. In Section II of the application you will be asked more questions about the qualifying officer.

Question 3. TPAs can administer claims in any or all of the lines of business listed: Workers' Compensation, Disability Benefits, and Paid Family Leave. Check all boxes that apply.

Question 4. If the TPA has additional business addresses in New York State, list them here along with the name of the office manager and the names of the employees working at each location. Be sure to include the address, telephone number and email address.

Note: 12 NYCRR Section 302-1.2 requires that applicant and, if a corporation, a corporate officer, be a permanent resident of the State of New York or have a regular place of business in the State of New York. If applicant is not a permanent resident or does not have a regular place of business in the State of New York, please contact licensing@wcb.ny.gov prior to submitting this application to discuss requirements for meeting this standard.

Question 5. List the names and home addresses of all individual owners, partners, members and/or corporate directors of the TPA entity. You may attach a list, if necessary. Please include the name, home address, title and salary information for each person listed.

Question 6. If any individual listed in question 5 has ever been involved in an administrative proceeding regarding a professional or occupational license, please check the box "yes" and attach an explanation of the circumstances of each incident, a copy of the charges or allegations, and the official document demonstrating resolution of the matter. Otherwise check no.

Question 7. If any individual listed in question 5 has ever been convicted of a crime (misdemeanor, felony or a military offense), check the box yes and provide details where indicated. Otherwise check no.

Question 8. Check the box yes if any individual listed in question 5 has any pending criminal charges, and provide details where indicated. Otherwise check no.

Question 9. Check the box yes if a judgment has been filed against any individual listed in question 5, and provide details where indicated. Otherwise check no.

Question 10. Check the box yes if any individual listed in question 5 has been issued a discharge in bankruptcy court, and provide details where indicated. Otherwise check no.

Question 11. If the TPA represents insurers and self-insured employers, list the name of each client and the assigned "W#" for any insurers. Attach additional sheets if necessary.

Note: Questions 12 - 15 are for Workers' Compensation applications only. New applicants and Disability/Paid Family Leave renewals can skip to question 16.

Question 12. Indicate the number of new claims or newly acquired claims the TPA filed in the last completed calendar year. If any of the new claims had a third-party action commenced, indicate the number. Note: If a renewal applicant did not file any new claims, please contact licensing@wcb.ny.gov to discuss whether the TPA license should be held in abeyance.

Question 13. Indicate the number of review applications and appeals were filed, and the outcomes.

Question 14. Indicate if any penalties were assessed against the TPA in the past three years. If yes, indicate how many of each penalty were assessed (e.g., misrepresentation, late payment, frivolous appeal, late controversy, failure to file a form, delay of claim.)

Question 15. Indicate whether any penalties have been assessed against you by any other governmental authority in the past three years. If yes, provide details where indicated. Otherwise check no.

Question 16. If the TPA entity is a corporation, provide information for any principal stockholder owning more than 20% of the corporate stock. List the name, address, social security number (SSN) or federal employer identification number (FEIN) and, in the last column, indicate the percentage of stock owned. Questions a through d relate to each of the principal stockholders listed in question 16.

Section II. Information regarding the qualifying officer.

Question 17. Complete a through d. **Note: If the TPA entity is a corporation, please provide a copy of the corporate resolution, with the corporate seal affixed, appointing the qualifying officer (or new qualifying officer) as a corporate officer.**

Question 18. List all employment during the past three years.

Question 19. Qualifying officers must be U.S. citizens or an alien lawfully admitted for permanent residence in the U.S.A. Please check the applicable box and give details.

Question 20. Qualifying officers must have a high school diploma or the equivalent. List the schools attended, including high school.

Question 21. Indicate if the qualifying officer has had a license, certificate, permit or any other authorization to practice in any trade or profession revoked or suspended and provide details. Otherwise check no.

Question 22. Indicate whether the qualifying officer has ever been convicted of a misdemeanor, felony or military offense (excluding misdemeanor traffic citations and juvenile offenses.) Convicted includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty, or a suspended sentence. Provide details where indicated.

Question 23. Indicate yes if there are any criminal charges pending against the qualifying officer and provide details. Otherwise check no.

Question 24. If the qualifying officer is an attorney in good standing licensed to practice law in New York, check yes in part a, otherwise check no. If the qualifying officer was ever disbarred or suspended from the practice of law, check yes in part b and explain the details. Otherwise check no.

Question 25. If the qualifying officer is not a licensed attorney, indicate whether the qualifying officer passed the NYS Workers' Compensation Board licensed representative examination (part a), or is licensed by the NYS Department of Financial services as a licensed claim adjuster for workers' compensation claims (part b).

Section III - Information regarding employees of applicant that appear before the Board. Questions 29 through 25 relate to any person employed by the TPA entity to appear before the Board in any capacity. Note: Appearance before the Board includes the filing of any forms or transactions (e.g., FROI and SROI filings.)

Question 26. List the names, home addresses, social security numbers, citizenship and age of each employee of the TPA entity that appears before the Board.

Question 27. For each employee of the TPA that appears before the board, provide the salary, employer name, previous employer name, whether the person is a high school graduate, college degree earned, whether the person is an attorney, and whether the person is a licensed representative. Attach additional sheets if necessary.

Question 28. Indicate which employees are not licensed as independent adjusters by the Department of Financial Services and check "no." If all employees are licensed independent adjusters, check "yes."

Question 29. Indicate if any employees listed in question 29 have had any license, permit or other authorization to practice in any trade or profession revoked or suspended, and provide details. Otherwise check no.

Question 30. Indicate if any of the employees listed in question 29 have been convicted of a misdemeanor, felony or military offense (excluding misdemeanor traffic citations and juvenile offenses.) Convicted includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty, or a suspended sentence. Provide details where indicated.

Question 31. Indicate if any criminal charges are now pending against any employees listed in question 29. Otherwise check no.

Question 32. Indicate the approximate number of claims that each employee handled in the last completed calendar year.

Question 33. Attach all required documents to the application.

Certification and Attestation

The certification and attestation must be signed by the individual applicant or, if the applicant is a TPA entity, by an officer, director, principal, partner or qualifying officer of the applicant.