

## SELF-INSURER'S REPORT OF PAYROLL FOR ALL OPERATIONS

Self Insurance Office - 328 State Street - 3rd Floor, Schenectady, NY 12305

Twelve Months Ending December 31,						
Name of Self-Insurer						
Address (Principal Office)_	No. & Street	City	State			
Nature of Business						
Briefly describe the general charact	er of the operations performed and the	Briefly describe all classes of work ne	erformed away from the plant or			

Briefly describe the general character of the operations performed and the employer's articles manufactured or compounded at the plant or on the premises of the employer.

Briefly describe all classes of work performed away from the plant or premises, including the demonstration, if any, of the employer's product and all general operations or construction, installation, or excavation.

Report full payrolls for all employees, except executive officers. Payroll for executive officers should be no less than \$875 weekly and no more than \$2,600 weekly per officer. Include interstate, maritime, home workers, value of meals, and lodging, etc., received by employees and sub-contractors' employees' payrolls unless workers' compensation coverage is definitely provided by sub-contractors. Show bonus to employees separately by each classification below.

Payroll Class No.	Job Description of Payroll Classification	ons.	Estimated Average Number of Employees	Wages Received by Each Class of Employees for Twelve Month Period Indicated Above
7380	Chauffeurs, drivers, and their helpers			
8742	Salespersons (inside & outside), collectors, claim adjusters, and messengers			
8751	Route Salespersons & Supervisors - Not Delivery			
8809	Executive officers, corporate-elected or appointed in accordance with the charter or by-laws			
8810	Clerical and office employees			
	Attach additional sheets if necessary.	TOTALS		

**IMPORTANT: SEE REVERSE SIDE** 

## GIVE LOCATION OF FACTORIES AND OFFICES IN NEW YORK STATE AND NUMBER OF EMPLOYEES IN EACH PLACE COVERED BY SELF-INSURANCE PRIVILEGE

Address	Number of Employees		
TOTALS			
The undersigned hereby affirms, under the penalties of perjury, that he/she is the(Tit	tle)		
of , the self-insured employer referred to in the foregoing			
(Company Name)			
operations; that the foregoing statement is true; and that the comprises payroll for all self-insured opera	itions.		
Date Signed Signature of Company Officer o	Signature of Company Officer or Self-Insurer		
Telephone Number Print or Type Name	<u> </u>		