

Workplace Safety & Loss Prevention Incentive Program Application for Approval

NYS employers may apply for a discount in their workers' compensation costs if they implement one or more of the required Workplace Safety and Loss Prevention Incentive Programs (WSLPIP). The Department of Labor (DOL) will approve an application based upon information provided by the employer and an evaluation conducted by a certified Specialist or the DOL. The employer's insurance carrier will apply the credits for approved programs.

Employers are eligible to apply for credits if they:

- Are insured by any authorized issuer of workers' compensation insurance or by the New York State Insurance Fund, but not in a recognized safety group
- Pay annual worker's compensation insurance premiums of at least \$5,000 and
- Maintain an experience rating under 1.30 in the previous year and in the years of the program approval period

Please check the type of application you are submitting:

Initial – First time submitting this application.

Renewal – Submission due 90 days prior to 3-year term expiration date.

Current Certification Number: _____

Please check one or more of the WSLPIPs you are applying for:

Program	Implementation Date	DOL Use Only
WSLPIP Safety Incentive Program Section 1.13	___ / ___ / ____	
WSLPIP Drug & Alcohol Prevention Program Section 1.14	___ / ___ / ____	
WSLPIP Return to Work Program Section 1.15	___ / ___ / ____	

Section A - Employer Information

Legal business name: _____

Doing Business As (DBA): _____

Type of business organization: Association Corporation LLC LLP Partnership
Sole Proprietorship Trust

FEIN: ____ - ____ - ____ - ____ - ____

Business address: _____

City: _____ State: _____ Zip code: _____

Mailing address (if different than company address): _____

City: _____ State: _____ Zip code: _____

Primary business contact: First name: _____ Middle name: _____

Last name: _____ Job title: _____ Phone: (____) ____ - ____

NAICS: _____ Number of employees: _____

Have you ever received a notice that required you to undergo a mandatory Workplace Safety and Loss Prevention consultation and evaluation under ICR 59? Yes No If yes, date of notice: ___ / ___ / ___

Section B - Designated Program Contact Information

Enter information for the individual designated for employees to contact in reference to the implemented WSLPIP.

Safety Incentive Program - Implementation date of Safety Incentive: ___ / ___ / ___

Contact name: _____ Phone: (____) ____ - _____

Work location: _____ Email: _____

Drug & Alcohol Prevention Program - Implementation date of DAPP: ___ / ___ / ___

Contact name: _____ Phone: (____) ____ - _____

Work location: _____ Email: _____

Return to Work Program - Implementation date of RTW: ___ / ___ / ___

Contact name: _____ Phone: (____) ____ - _____

Work location: _____ Email: _____

Section C - Workers' Compensation Insurance Information

Please provide the below information for the workers' compensation policy for which the employer is seeking the incentive credit. Fill out one application per policy.

Insurer: _____ Policy number: _____

Effective date: ___ / ___ / ___ Experience rating (current policy year): _____

Experience rating (previous policy year): _____ Annual insurance premium: _____

Is your contact an insurance broker? Yes No

Contact person: _____ Title: _____

Phone: (____) ____ - _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Mailing address (if different than company address): _____

City: _____ State: _____ Zip code: _____

Section D - Company Location(s) Information

Enter the physical address for all locations covered by the workers' compensation policy listed above. Use Appendix A to list additional locations.

Company Location	Management Contact Name	Management Contact Phone	Number of Employees	Employee Representative
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		

Section E - Employee Representative(s) Information

Please attach a sheet to list additional employee representatives.

Employee (#1) representative: _____ Bargaining unit: _____
Work location: _____ Phone: (____) ____ - _____

Employee (#2) representative: _____ Bargaining unit: _____
Work location: _____ Phone: (____) ____ - _____

Employee (#3) representative: _____ Bargaining unit: _____
Work location: _____ Phone: (____) ____ - _____

Section F - Specialist Information

Name: _____ Company: _____

Phone: (____) ____ - _____ Certification number: _____

Certification expiration date: ____ / ____ / ____

Please attach a sheet to list additional specialists.

Section G - Required Documents

Check the following boxes to indicate that the required documents are attached to this application form:

A copy of the final and operative WSLPIP documents for each implemented program and a description of the means by which the particular WSLPIP was implemented.

A copy of the Specialist's Evaluation for each implemented program.

Section H - Employer Verification

Each employer that applies for one or more of the credits under the Workplace Safety and Loss Prevention Incentive Program must verify that the information provided on each application is true and accurate and that each program implemented for an incentive credit meets the requirements of the law. A verification is a statement made under the penalty of perjury by an authorized agent of an employer confirming that:

- Information about the employer's WSLPIP is true and accurate
- The employer's program(s) meet(s) program requirements
- The employer agrees to continue to operate the program(s) in accordance with the law

The employer certifies that the information contained in this application is accurate and true and that the incentive programs implemented, as indicated in this application, meet the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by Sections 60-1.13, 60-1.14 and 60-1.15.

Signature: _____ Date: ____ / ____ / ____

By checking this box, you indicate that you fully understand the liabilities associated with providing your signature and employer verification.

Check this box if you have ever received a notice that required you to undergo a mandatory Work-place Safety and Loss Prevention consultation and evaluation under ICR 59.

Issuance of the incentive:

- (a) The Superintendent of Insurance is responsible for establishing the incentive credit amount for each program implemented by an insured employer.
- (b) Once the employer's WSLPIP is approved, the Department will issue a certificate of approval to the employer. The employer will receive the incentive for the next policy renewal period following the date of the Department's approval certificate.
- (c) To receive the credit, the employer must send a copy of the certificate of approval to its workers' compensation carrier.

Approval, monitoring and appeal:

- (a) Applications for incentives may be denied, revoked, or suspended if the Department determines that the employer failed to implement and/or maintain a WSLPIP that complies with the law.
- (b) Any approved Workplace Safety and Loss Prevention Incentive Program is subject to monitoring. Monitoring may include responding to complaints, on-site visits, discussions with employee representatives (including designated employee representatives or the recognized representative of each collective bargaining unit) and review of all WSLPIP records and documents requested by the Department.
- (c) If an employer's application is denied, revoked or suspended, the employer may appeal the denial under Article 78 of the civil practice law and rules.

Send this completed application, with a copy of your Program and a copy of your Evaluation Report to:

New York State Department of Labor
Workplace Safety and Loss Prevention Program
1220 Washington Ave., Building 12, Room 167
Albany, NY 12226

<https://dol.ny.gov/workplace-safety-loss-prevention>

Send questions regarding the application process and the procedures for Evaluations under the requirements of Industrial Code Rule 60 to WSLPIP@labor.ny.gov