

## Workplace Safety and Loss Prevention Incentive Program Employer Renewal Application

Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credits are granted for a three-year approval period. At the end of a three-year approval period, you must apply to the Department of Labor (DOL) for a renewal of the Incentive to continue to receive a credit. Submit this application with an annual report to the DOL. Do this no later than 90 days **prior** to the policy renewal date. For self-insured employers, the deadline is no later than 90 days **prior** to the end of the calendar year.

The DOL will notify you when we approve your WSLPIP renewal application. We will issue a certificate of approval that covers a three-year period. You must submit annual reports to receive the credit during the three year approval period.

Please check one or more of the WSLPIPs you are renewing:

Program	Certificate Number	Date of Expiration
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

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ NAICS: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Number of employees: \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_

### Section B: Workers' Compensation Insurance Information

Provide the information for the workers' compensation policy for which you are seeking the incentive credit. Fill out one report per policy.

Insurer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Annual policy renewal date: \_\_\_ / \_\_\_ / \_\_\_ Experience rating (current policy year): \_\_\_\_\_

Annual insurance premium: \_\_\_\_\_ Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Policy number: \_\_\_\_\_

Experience rating (previous policy year): \_\_\_\_\_ Check box if self-insured

Annual security deposit (if self-insured): \_\_\_\_\_

### Section C: Company Location(s) Information

Give the physical address for all locations covered by the workers' compensation policy listed in Section B. Use Appendix A (SH 933) to list additional locations.

Company Location	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		
		(____) ____ - _____		

### Section D: Employee Representative(s) Information

Use Appendix A (SH 933) to list additional employee representatives.

Employee Representative (#1):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____
Employee Representative (#2):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____
Employee Representative (#3):	Bargaining Unit (if applicable):
Work location:	Phone number: (____) ____ - _____

### Section E: Designated Program Contact

Enter information for the person(s) designated for employees to contact about the program.

Safety Incentive Program contact name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work location: \_\_\_\_\_

Email address: \_\_\_\_\_

Drug and Alcohol Prevention Program contact name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work location: \_\_\_\_\_

Email address: \_\_\_\_\_

Return to Work Program contact person: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work location: \_\_\_\_\_

Email address: \_\_\_\_\_

## Section F: Required Documents

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

The employer's Annual WSLPIP Report, completed using data from the first six months of the third year of the approval period, for each implemented program.

## Section G: Employer Verification

Each employer that applies for credits under the WSLPIP must verify that:

- the information about the WSLPIP on this report is true and accurate,
- the employer's program(s) meet(s) program requirements, and
- the employer agrees to continue to operate the program(s) in accordance with the law.

A verification is a statement made by an authorized agent of an employer, under the penalty of perjury.

The employer confirms that it has complied with all requirements of these regulations concerning the participation of employee representatives. This includes designated employee representatives and the recognized representative of each collective bargaining unit, where applicable. These requirements can be found in sections 60-1.2, 60-1.6, and 60-1.8 of the law.

In addition, the employer certifies that the information contained in this report is accurate and true and that the incentive program(s) implemented, as indicated in this report, meet(s) the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by 12 NYCRR Part 60.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

### 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. The Workers' Compensation Board is responsible for determining the reduction in security deposit provided to self-insured employers.
- (b) Once the employer's WSLPIP is approved, the Labor 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, or to the Workers' Compensation Board, if self-insured.

### Approval, monitoring and appeal

- (a) Applications for Incentives may be denied, revoked, or suspended if the Department determines that 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.

**Return the completed renewal application with the annual WSLPIP 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>