NEW YORK DESIGNATED WORKPLACE CANCELATION ENDORSEMENT AND NOTICE OF PARTIAL CANCELATION

This is to notify you that coverage under this policy is canceled for your operations at or from any location designated in the Schedule. The effective date of cancelation is also shown in the Schedule.

Schedule

1. Excluded location(s)

2. Effective Date of Cancelation

_____

Employer _____

Nature of Business _____

Post Office Address _____

Effective Date of Policy _____ Expiration Date _____

Date Notices of Partial Cancelation were sent to Chairman and Employer _____

Reason for Partial Cancelation _____

(If the excluded location is insured elsewhere, the name of succeeding carrier should be stated.)

Notes		
	1.	To be attached to a policy affording coverage under the New York Workers' Compensation Law when a specified location is to be excluded effective as of a date subsequent to the effective date of the policy. This endorsement also serves as notice of cancelation of part of the coverage under the policy as required by William Lorer. v. The Gotham Concrete & Cement Finish Corp. 8 A.D. 2nd 221, 1959; 187 N.Y.S. 2 275. The provision of Subdivision 5, Section 54 of the New York Workers' Compensation Law relative to giving notice to the employer and to the Chairman of the New York State Workers' Compensation Board must be observed.
	2.	Since the endorsement reduces coverage, the signed acceptance of an authorized representative of the employer may be obtained on a copy of the endorsement to be returned to the company.