

Original Printing

Effective May 1, 2020

NEW YORK VOLUNTEER AMBULANCE WORKERS' PREMIUM DISCOUNT ENDORSEMENT

The premium for this policy and the policies, if any, listed in Item 3. of the Schedule may be eligible for a discount. The endorsement shows your estimated discount in Item 1. or 2. of the Schedule. The final computation of premium discount will be determined by our Manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

- | | | | | |
|-----------------|-----------------------------------|------------------|-------------------|---------|
| 1. State | Estimated Eligible Premium | | | |
| | First
\$5,000 | Next
\$95,000 | Next
\$400,000 | Balance |
- 2.** Average percentage discount: _____%
- 3.** Other policies:
- 4.** If there are no entries in Items 1., 2., and 3. of the Schedule, see the "Premium Discount Endorsement" (WC 00 04 06) attached to the policy number.

Notes	
1.	Use this endorsement to show the application of Manual Rule VI, Premium Discount, or to identify the employer's policy which shows the application of the Premium Discount Rule.
2.	Do not make entries in Items 1., 2., or 3 if a policy number is to be shown in Item 4.
3.	The carrier has the option of replacing Item 1. with the appropriate Table in use by the carrier.
4.	Item 3. is available to list all policies that are combined under the Premium Discount Rule.
5.	Use Item 4. if premium discount is shown on another policy issued to the employer. Enter the policy number of that policy.