

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 141718431
NORTH COUNTRY CENTER FOR
INDEPENDENCE LTD
80 SHARRON AVE
PLATTSBURGH NY 12901



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER NORTH COUNTRY CENTER FOR INDEPENDENCE LTD 80 SHARRON AVE PLATTSBURGH NY 12901		CERTIFICATE HOLDER NYS OCFS COMMISSION FOR THE BLIND 52 WASHINGTON ST RENSSELAER NY 12144	
POLICY NUMBER A1048 215-6	CERTIFICATE NUMBER 786190	POLICY PERIOD 07/01/2024 TO 07/01/2025	DATE 12/16/2024

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1048 215-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 346581048