

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

\*\*\*\*\* 237063682  
CH INSURANCE BROKERAGE SRVS CO  
THE ATRIUM  
100 SOUTH SALINA ST STE 370  
SYRACUSE NY 13202



SCAN TO VALIDATE  
AND SUBSCRIBE

<b>POLICYHOLDER</b> REGIONAL CENTER FOR INDEPENDENT LIVING INC 497 STATE ST ROCHESTER NY 14608		<b>CERTIFICATE HOLDER</b> ACCESS VR NEW YORK STATE EDUCATION DEPARTMENT 89 WASHINGTON AVE. ALBANY NY 12234	
<b>POLICY NUMBER</b> R1459 298-4	<b>CERTIFICATE NUMBER</b> 595798	<b>POLICY PERIOD</b> 06/17/2024 TO 06/17/2025	<b>DATE</b> 12/31/2024

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1459298-4, 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: 477986722