

**NEW YORK COMPENSATION INSURANCE RATING BOARD**  
**ORDER FORM FOR 2011 EXPERIENCE MODIFICATION SERVICE**

**MAIL THIS FORM AND YOUR CHECK MADE PAYABLE TO:**

**NEW YORK COMPENSATION INSURANCE RATING BOARD  
ATT: ACCOUNTING DEPARTMENT  
733 THIRD AVENUE, 5<sup>th</sup> Floor  
NEW YORK, NEW YORK 10017**

**2011 Subscription Fee: \$1,000\***

**Commencement Date:** \_\_\_\_\_

**AFTER RECEIPT OF REMITTANCE, USER ID AND PASSWORD WILL BE ISSUED.  
IN THE CASE OF RENEWAL SUBSCRIPTIONS, CURRENT USER ID AND PASSWORD  
WILL REMAIN IN EFFECT.**

<b>Name</b> _____
<b>Company</b> _____
<b>Address</b> _____
<b>City, State, Zip</b> _____
<b>Phone Number</b> _____
<b>Fax Number</b> _____
<b>E-Mail</b> _____

<b>FOR OFFICE USE ONLY</b>	
<b>CHECK #</b>	
<b>DATE RECEIVED</b>	
<b>USER ID</b>	
<b>PASSWORD</b>	

**\*ADDITIONAL USERS AT THE SAME COMPANY WILL BE CHARGED \$325 PER USER. PLEASE COMPLETE AN INDIVIDUAL FORM FOR EACH USER.**