## NEW YORK COMPENSATION INSURANCE RATING BOARD ORDER FORM FOR 2000 EDITION OF MANUALS AND 2007 UPDATES

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

NEW YORK COMPENSATION INSURANCE RATING BOARD ATT: ACCOUNTING DEPARTMENT 200 EAST 42<sup>ND</sup> STREET NEW YORK, NEW YORK 10017

SHIP TO: Please print clearly	
Company Name	
Att:	
Address*	
City, State, Zip	_

<sup>\*</sup>Must indicate a street address - UPS does not deliver to a P.O. Box

2000 MANUAL (INCLUDING ALL 2007 UPDATES)				
DESCRIPTION	*MEMBERS	NON-MEMBERS	QUANTITY	AMOUNT
Basic Manual	\$75.00	\$150.00		
Experience Rating (2006)	\$40.00	\$80.00		
Retrospective Rating	\$45.00	\$90.00		
Statistical Plan	\$50.00	\$100.00		
Price includes shipping/handling Total Amount Due				

2007 UPDATES				
DESCRIPTION	*MEMBERS	NON-MEMBERS	QUANTITY	AMOUNT
Basic Manual	\$35.00	\$70.00		
Experience Rating	\$15.00	\$30.00		
Retrospective Rating	\$17.00	\$34.00		
Statistical Plan	\$18.00	\$36.00		
Price includes shipping/handling Total Amount Due				

## \*MEMBERS ARE CARRIERS WHO WRITE WORKERS COMPENSATION INSURANCE IN NEW YORK STATE AND BELONG TO THE RATING BOARD

FOR OFFICE USE ONLY		
CHECK#		
DATE RECEIVED		
TOTAL		