

Friedlander

The Workers' Compensation Leader

Residential Care Facilities Group of New York Workers' Compensation Safety Group #586

SERVICE FEE AGREEMENT

In consideration of the services provided by the Friedlander Group, Inc., in relation to our State Insurance Fund Workers' Compensation policy, I (We) hereby agree to pay Friedlander Group Inc., a service fee of 12% of the earned standard rating board level premium, including the experience modification and audits. Please be advised that our minimum policy fee is \$100. In the event of a refund of premium to the insured from the State Insurance Fund, Friedlander Group Inc., shall refund a proportionate amount of the service fee. This agreement continues from year to year. It is further agreed that the policyholder has the right to terminate this agreement by giving written notice to Friedlander Group Inc., no less than 45 days prior to the renewal date. All fees not paid within 45 days are subject to a 1.5% monthly late charge.

Accepted by:

Name of Firm: _____

Address: _____

Signature: _____

Title: _____

Telephone: _____

Date: _____

Addendum: In consideration for transferring your SIF Group 90 policy to a Proposed Safety Group controlled by us, we will waive our fee until the formal safety group is formed.