



# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

1 WATERLIET AVENUE ALBANY, NEW YORK 12206-1649

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^^^ 455205248  
KEVIN'S SWIM SCHOOL LLC DBA  
EXCEL AQUATICS  
215 MONMOUTH WAY  
CLIFTON PARK NY 12065



SCAN TO VALIDATE  
AND SUBSCRIBE

POLICYHOLDER  
KEVIN'S SWIM SCHOOL LLC DBA  
EXCEL AQUATICS  
215 MONMOUTH WAY  
CLIFTON PARK NY 12065

CERTIFICATE HOLDER  
COLLEGE OF ST. ROSE  
420 WESTERN AVE  
ALBANY NY 12203

POLICY NUMBER A2236 868-2	CERTIFICATE NUMBER 944163	POLICY PERIOD 10/02/2017 TO 10/02/2018	DATE 7/14/2019
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2236 868-2, 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 POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

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: 898267020