Transaction Number: 9668262

Your submission was received for processing on 12/30/2022 at 11:48AM. It was submitted by user CSMITHSON1. It has been accepted and processed.

STATE OF NEW YORK WORKERS' COMPENSATION BOARD DISABILITY BENEFITS LAW and PAID FAMILY LEAVE BENEFITS LAW **CERTIFICATE/CANCELLATION OF INSURANCE**

Filed on behalf of Employer in compliance with Article 9 of the Workers' Compensation Law

Transaction Type: Initial		Transaction Effective Date: 01/01/2023		
A. INSURER/CARRIER				
1/2. INSURER/CARRIER NAME/CODE LINCOLN LIFE & ANNUITY COMPANY - B093250			6. TODAY'S DATE 12/30/2022	
B. CURRENT - EMPLOYER INFORMATION				
7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9.	EMPLOYER FEIN 953297184	
10. EMPLOYER'S NAME Name: Parsons Constructors d/b/a: c/o: Attn:		1:	13. LEGAL STATUS Corporation (03)	
11. ADDRESS Line 1: 100 west Walnut Street Line 2:			4. # OF EMPLOYEES	
12. CITY STATE ZIP CODE Pasadena California 91124 COUNTRY United States		1	5. TELEPHONE NO.	
C. <u>POLICY</u>				
*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.				
16. POLICY NUMBER* GS4890LF0105NY16a. COVERAGE TYPE PFL and DB (1)	17. POLICY EFFECTIVE DATE 01/01/2023		18. POLICY FORM NUMBER* LLP-89.1	
19. WCB PLAN NUMBER (Only for Assoc., Union or Trus	tee with Form DB-801 on file.)		20. ANNUAL PREMIUM AMOUNT	
F. POLICYHOLDER - If different from Employer				
27. POLICYHOLDER NAME Name: d/b/a: c/o: Attn:				
28. POLICYHOLDER ADDRESS Line 1: Line 2:				
29. CITY STATE ZIP CODE COUNTRY				
30. POLICYHOLDER FEIN				

To be filed by Insurance Carrier on behalf of Employer to provide, through insurance, exactly statutory benefits, (Section 204) OR benefits under a plan accepted by the Chairman. THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

DB-820/829 rev. 5/01