Transaction Number: 9668261

Your submission was received for processing on 12/30/2022 at 11:46AM. 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		Transa	ction 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. <u>CURRENT - EMPLOYER INFORMATION</u>				
7. WCB EMPLOYER NUMBER	8. NYS UIER NUMBER	9.	EMPLOYER FEIN 591213567	
10. EMPLOYER'S NAME Name: Williams Electric Company d/b/a: c/o: Attn:		1:	13. LEGAL STATUS Corporation (03)	
11. ADDRESS Line 1: 695 Denton Blvd NW Line 2:		14	I. # OF EMPLOYEES	
12. CITY STATE ZIP CODE Fort Wlaton Beach Florida 32547 COUNTRY United States		18	5. TELEPHONE NO.	
C.	POLICY			
*If policyholder is an Association, Union or Trustee for which form DB-820.3 is filed, do not complete item 18.				
16. POLICY NUMBER* GS4890LF0105NY 16a. 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

1 of 1 1/19/2023, 1:46 PM