

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MONITORING, AUDIT & ENFORCEMENT**

v.

SELECTIVE INSURANCE COMPANY OF NEW YORK

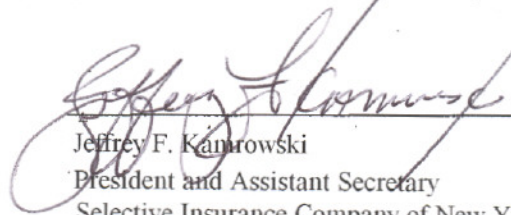
CONSENT DECREE

NOW COME the parties and agree as follows:

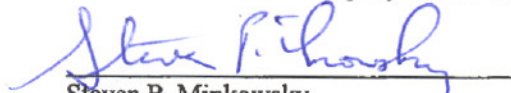
1. That Brad Marquis alleged a May 15, 2005 work-related injury while employed at Ruby Tuesday New England Franchise LLC.
2. That Brad Marquis gave notice of incapacity from work for his alleged injury on May 15, 2005.
3. That Brad Marquis was compensated for his alleged period of incapacity on June 29, 2005.
4. That the initial payment to Brad Marquis was made thirty-one (31) days after compensation became due and payable.
5. That pursuant to 39-A M.R.S.A. §205(3) a penalty of \$50.00 is warranted.
6. That nothing in this agreement shall be construed as a waiver of Brad Marquis' right to seek any benefits and/or additional penalties that he is or may be entitled to.

WHEREFORE, pursuant to 39-A M.R.S.A. §205(3), Selective Insurance Company of New York shall pay a penalty of \$50.00 payable to Brad Marquis. This penalty check shall state that, "This penalty payment is made pursuant to a Maine Workers' Compensation Board Audit". A copy of the penalty payment shall be sent to the attention of the Audit Division, Workers' Compensation Board, 27 State House Station, Augusta ME 04333.


Dated: 12/13/2004


Jeffrey F. Kamrowski
President and Assistant Secretary
Selective Insurance Company of New York

Dated: December 29, 2006


Steven P. Minkowsky
Deputy Director of Benefits Administration
Workers' Compensation Board

Dated: December 27, 2006


Jan McNitt
Supervisor of the Abuse Investigation Unit
Workers' Compensation Board

STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MONITORING, AUDIT & ENFORCEMENT

v.

SELECTIVE INSURANCE COMPANY OF NEW YORK

CONSENT DECREE

NOW COME the parties and agree as follows:

1. That the following forms are required pursuant to 39-A M.R.S.A. and/or Board-approved Rules:

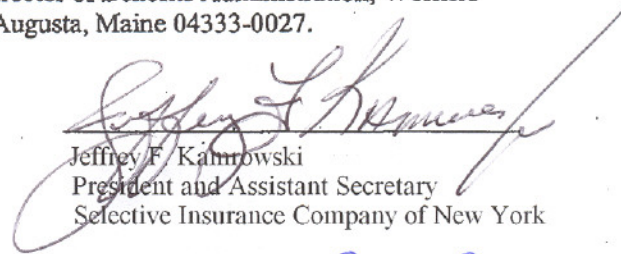
Employee	Date of Injury	Forms Not Filed
Jefferson, Willie	04/28/05	WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement
Marston, James	11/08/05	WCB-11, Statement of Compensation Paid

2. That the forms listed above have not been filed to date.
3. That the failure to file the foregoing forms represents three (3) separate violations of 39-A M.R.S.A. §360(1)(A).
4. ~~That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. §359(2) or 39-A M.R.S.A. §360(2) or both sections.~~

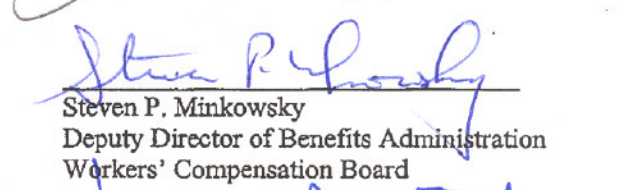
JK
12/13/04
SK
12-10-04

WHEREFORE, pursuant to 39-A M.R.S.A. §360(1)(A), Selective Insurance Company of New York shall pay a civil forfeiture of \$100.00 for each of the foregoing three (3) violations for a total penalty of \$300.00, payable to Treasurer, State of Maine. The penalty payment shall be sent to the attention of Mr. Steven Minkowsky, Deputy Director of Benefits Administration, Workers' Compensation Board, 27 State House Station, Augusta, Maine 04333-0027.

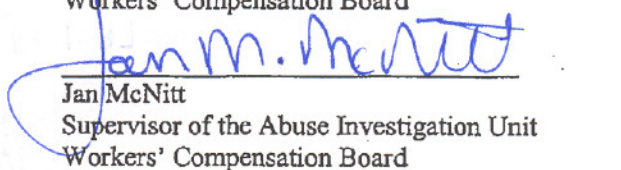
Dated: 12/13/2004


Jeffrey F. Kahrrowski
President and Assistant Secretary
Selective Insurance Company of New York

Dated: December 29, 2004


Steven P. Minkowsky
Deputy Director of Benefits Administration
Workers' Compensation Board

Dated: December 27, 2006


Jan McNitt
Supervisor of the Abuse Investigation Unit
Workers' Compensation Board

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
OFFICE OF MONITORING, AUDIT & ENFORCEMENT**

v.

SELECTIVE INSURANCE COMPANY OF NEW YORK

CONSENT DECREE

NOW COME the parties and agree as follows:

1. That the following forms are required pursuant to 39-A M.R.S.A. and/or Board-approved Rules:

Employee	Date of Injury	Forms Filed Late
Crebs, Kimberly	01/06/05	WCB-1, Employer's First Report of Occupational Injury or Disease*
Davis, Abby	12/26/05	WCB-1, Employer's First Report of Occupational Injury or Disease
Grondin, Ashley	07/24/05	WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment WCB-11, Statement of Compensation Paid
Higgins, Janice	06/14/05	WCB-1, Employer's First Report of Occupational Injury or Disease WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment
Jefferson, Willie	04/28/05	WCB-1, Employer's First Report of Occupational Injury or Disease WCB-9, Notice of Controversy WCB-11, Statement of Compensation Paid
Marquis, Brad	05/15/05	WCB-1, Employer's First Report of Occupational Injury or Disease* WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment WCB-11, Statement of Compensation Paid
Marston, James	11/08/05	WCB-1, Employer's First Report of Occupational Injury or Disease* WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment

Paquette, Astachia	09/24/05	WCB-1, Employer's First Report of Occupational Injury or Disease
Riley, Nelson	06/28/05	WCB-1, Employer's First Report of Occupational Injury or Disease
Thadbourne, John	04/14/05	WCB-1, Employer's First Report of Occupational Injury or Disease*
Westrum, Mathew	02/10/05	WCB-2, Wage Statement WCB-2A, Schedule of Dependent(s) and Filing Status Statement WCB-3, Memorandum of Payment WCB-11, Statement of Compensation Paid

2. That the forms listed above were filed late.
3. That the failure to file the foregoing forms timely represents twenty-eight (28) separate violations of 39-A M.R.S.A. §360(1)(B).
4. ~~That nothing in this agreement shall be construed as a waiver of the Workers' Compensation Board's right to seek additional penalties pursuant to 39-A M.R.S.A. §359(2) or 39-A M.R.S.A. §360(2) or both sections.~~

JK
12/13/00
5m
12-20-06

WHEREFORE, pursuant to 39-A M.R.S.A. §360(1)(B), Selective Insurance Company of New York shall pay a civil forfeiture of \$100.00 for each of the foregoing twenty-four (24) unpaid violations for a total penalty of \$2,400.00, payable to Treasurer, State of Maine. The penalty payment shall be sent to the attention of Mr. Steven Minkowsky, Deputy Director of Benefits Administration, Workers' Compensation Board, 27 State House Station, Augusta, Maine 04333-0027.

Dated: 12/13/2000

Jeffrey F. Kamrowski

Jeffrey F. Kamrowski
President and Assistant Secretary
Selective Insurance Company of New York

Dated: December 22, 2006

Steven P. Minkowsky

Steven P. Minkowsky
Deputy Director of Benefits Administration
Workers' Compensation Board

Dated: December 27, 2006

Jan M. McNitt

Jan McNitt
Supervisor of the Abuse Investigation Unit
Workers' Compensation Board

*The \$100.00 penalty on these violations was paid.