

# New York State Workers' Compensation Board

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## Prove It to Move It Program

June, 2011



For questions, please

- Call (518) 486-6307, or
- Visit [www.WCB.State.NY.US](http://www.WCB.State.NY.US) , or
- e-mail: [Certificates@wcb.state.ny.us](mailto:Certificates@wcb.state.ny.us).

## *Prove It to Move It*

### **A publication of the New York State Workers' Compensation Board**

Businesses and other parties applying for a government permit, license or contract must prove compliance with New York state workers' compensation and disability benefits requirements. This manual explains the forms and processes necessary to move those applications through the process, and to stay in compliance with the law.

This document is solely provided for informational purposes. Only the New York State Workers' Compensation Board is authorized to determine entitlement to benefits, based on its application of the law to the specific facts of a case.

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## The Prove It to Move It Program

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts carry workers' compensation and disability benefits insurance. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

Verification of insurance is necessary to ensure benefits are available, should workers get injured. It also levels the playing field for honest businesses, because they are less likely to be undercut by unscrupulous employers who gain a cost advantage by not carrying insurance. Enforcing these provisions of the law contribute to the betterment of New York's economic climate. Municipal and state agency cooperation is a critical component of encouraging business compliance.

This instruction manual, *Prove It to Move It*, will further clarify the requirements. Under the Prove It to Move It program, applicants must prove compliance with NYS workers' compensation and disability benefits requirements to move their government permit, license or contract along the approval process. This program reflects requirements under Workers' Compensation Law §57 and §220(8), and General Municipal Law §125. **The *Prove It to Move It* instruction manual formally names the program that has been in place, by statute, since 1922. Nothing has changed in enforcing this program since the last instruction manual was issued in December, 2008.** However, based on requests from government agencies, this manual reflects more comprehensive instructions on the program's requirements.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them.

Also included in the instruction manual is a copy of General Municipal Law Section 125, which requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

### Form CE-200 – Affidavit of Exemption

Form [CE-200](#) reflects the process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements.

**Applicants eligible for exemptions** must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that Form CE-200 is signed and dated by the applicant and that your specific governmental agency is listed. **CE-200 forms are ONLY valid for the government agency listed on Form CE-200.**

The reason that a business is exempt from workers' compensation and/or disability benefits will be clearly stated on Form CE-200. Based on their knowledge of the applicant's business, government agencies must verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200, and notify the Board's investigative staff if there are discrepancies. Phone numbers for Board investigative staff are located on page 11 of the instruction manual.

Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board's computer system by checking on the Board's website at the following URL:  
[http://www.wcb.state.ny.us/content/ebiz/wc\\_db\\_exemptions/verifyCE200Overview.jsp](http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/verifyCE200Overview.jsp) .

The majority of CE-200 forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, immediately print out a copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. **Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.**

Please see pages 13-14 for more information on Form CE-200.

### ***Other Important Highlights of the Prove It to Move It Program***

An instruction sheet on page 6 of the instruction manual may be copied by municipal and state agencies as an insert in their application packages for government issued permits, licenses or contracts. This sheet describes all the required forms of this program and where applicants may obtain these forms.

*Please note that ACORD forms are not acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

This manual identifies the specific forms that government agencies can accept to enforce these sections of the Workers' Compensation Law and where applicants may obtain those forms. **No other forms are acceptable as proof of compliance** with New York State workers' compensation or disability benefits.

Please ensure that the legal entity name and the Federal Employer Identification Number (FEIN) on certificates of insurance, self-insurance, or attestation for exemption exactly matches the legal entity name and FEIN of the applicant applying for the permit, license or contract that you are issuing.

[Form BP-1](#), found on page 33, is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process.

Please notify the permit-issuing, license-issuing and contract-making agencies or departments within your jurisdiction of these requirements so that they may comply with the Workers' Compensation Law. If you have any questions or require additional information, please call the Board at (518) 486-6307.

## **Workers' Compensation Requirements under Workers' Compensation Law §57**

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click on the last button in the lower right hand corner {WC/DB Exemptions Form CE-200 (In bright yellow letters)} Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the U-26.3; or

C) Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

## **Disability Benefits Requirements under Workers' Compensation Law §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**

C) [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

**NYS Agencies Acceptable Proof:** Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.state.ny.us/content/main/forms/bp-1.pdf>)

## **WORKERS' COMPENSATION REQUIREMENTS**

### ***WCL §57. Restriction on issue of permits and the entering into contracts unless compensation is secured.***

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

## **DISABILITY REQUIREMENTS**

### ***WCL §220. Subd. 8***

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.
- (b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

## ***Identifying an Independent Contractor***

**For purposes of compliance with Workers' Compensation Law Section 57**, an individual or legal entity MUST obtain and work under his/her/its own government issued operating permit, contract or authority to be an independent contractor.

Example 1 -- A trucking company is getting a government contract. The drivers of the trucks that the trucking company is using to fulfill the contract are NOT independent contractors. If the drivers were truly independent, each driver would be contracting separately with the government agency. In this example, the business hiring the drivers **CAN NOT** submit a CE-200 exemption form. (See page 11.)

Example 2 – A municipality is issuing one building permit for a job site. **For purposes of Workers' Compensation Law Section 57**, individuals or other businesses hired by the contractor to perform work on that jobsite are NOT independent contractors but rather subcontractors. In this example, the contractor hiring the subcontractors **CAN NOT** submit a CE-200 exemption form. (See page 11.)

Example 3 -- A municipality is issuing a building permit and a separate electrical permit for a job site. The contractor getting the building permit is a sole proprietor doing all the work on the jobsite himself except for the electrical work. When a municipality issues separate building permits and electrical permits, **for purposes of Workers' Compensation Law Section 57**, a general contractor obtaining the building permit does not have to count the electrician as a subcontractor since the electrician is working under his/her own operating authority and is thereby, an independent contractor. In this example, the sole proprietor **CAN** submit a CE-200 exemption form since the electrician is a true independent contractor and not a subcontractor. (See page 11.)

## ***Workers' Compensation and Disability Benefits Coverage Requirements for Members of Religious Organizations***

If an enterprise is not owned by a religious organization itself, but instead is owned by an individual, partnership, corporation etc., then the enterprise must abide by the regular New York State coverage requirements for workers' compensation and disability benefits insurance.

In other words, if someone owns a business, it doesn't matter if he/she is Amish, Buddhist, Catholic, Christian Scientist, Hindu, Jehovah Witness, Jewish, Mennonite, Mormon, Muslim, Protestant, or a member of any other religion: regular New York State coverage requirements for workers' compensation and disability benefits insurance apply to that business. Further, the private business is **not** covered by either the church's insurance or a declaration by the church that its members are self-insured.

## ***Workers' Compensation Coverage Requirements for Religious Organizations***

Workers' compensation insurance coverage is not required for a religious organization that only pays its clergy (including sextons), and/or teachers, and/or individuals providing non-manual labor.

To be exempt, clergy must only perform religious duties, and the teachers must only perform teaching duties. Manual labor includes, but is not limited to, tasks such as filing; carrying materials (e.g.,

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pamphlets, binders, or books); cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.

Workers' compensation insurance is also not required for people receiving charitable aid from a religious or charitable institution (Section 501(c)(3) under the IRS tax code) who perform work in return for that aid and who are not under any express contract of hire, and certain persons receiving rehabilitation services in a sheltered workshop.

A religious organization is a nonprofit (Section 501(c)(3) under the IRS tax code) and as such does not require New York State workers' compensation insurance coverage as long as its members are volunteering their services on activities or enterprises that benefit only that religious organization. For example, volunteering in a religiously owned store – a store owned by the religious community itself, NOT someone who is a member of that religion. Another example is parishioners volunteering their services to build a picnic shelter for their church.

Volunteers cannot receive compensation including stipends, room and board, and other “perks” that have monetary value. Money used solely to offset expenses incurred while performing activities for the nonprofit is not counted as stipends.

A religious organization that meets these exemption requirements can obtain a government issued permit, license or contract by completing and submitting form CE-200. If a religious organization does not meet the exemption requirements, it must provide proof of coverage on the approved forms in this manual.

For more information, see *The Employers Handbook*, available at:

<http://www.wcb.state.ny.us/content/main/Employers/EmployerHandbook.pdf>

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## STATE & MUNICIPAL AGENCY COMPLIANCE WITH WCL §57

### **Section 57: Restriction on Issue of Permits and the Entering of Contracts unless Compensation Is Secured**

Section 57 of the WCL requires the heads of all state and municipal entities, prior to issuing any permits, licenses or entering into contracts, to ensure that businesses applying for those permits, licenses or entering into contracts have appropriate workers' compensation insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

To comply with coverage provisions of the WCL, businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; **or**
- b) obtain such coverage from insurance carriers; **or**
- c) be a Board-approved self-insured employer
- d) participate in an authorized group self-insurance plan.

To assist state and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **must** provide one of the following forms to the government entity issuing the permit or entering into a contract:

- a) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;
- b) [C-105.2](#), *Certificate of Workers' Compensation Insurance*. An insurance carrier will send this form to the government entity upon request. **NOTE:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); **or**
- c) [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), **or** [GSI-105.2](#), *Certificate of Participation in Workers' Compensation Group Self-Insurance*. A group self-insurance administrator will send this form to the government entity upon request.
- d) Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the WCL.

Please note: ACORD forms are **not** acceptable proof of workers' compensation coverage.

### **Local Board Contacts for Government Officials**

Government officials should call the Workers' Compensation Board's Enforcement Unit in the nearest district office to notify them of a non-compliant business:

Albany	(518) 486-3349	Manhattan	(212) 932-7576
Binghamton	(607) 721-8179	Peekskill	(914) 788-5804
Brooklyn	(718) 802-6870	Queens	(718) 523-8409
Buffalo	(716) 842-2057	Rochester	(585) 238-8335
Hauppauge	(631) 952-6698	Syracuse	(315) 423-1141
Hempstead	(516) 560-7741		

Please call the Board at (518) 486-6307 with any general questions regarding Section 57 of the workers' compensation law.

## Instructions for Form CE-200 (12/08)

### Form [CE-200](#), Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

(Form CE-200 replaces the old forms WC/DB-100, WC-DB-101 and C-105.21.):

Form CE-200 can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry New York State specific workers' compensation and/or disability benefits insurance.

**IMPORTANT:** *These certificates cannot be used to waive the workers' compensation rights or obligations of any party.* The applicant may **NOT** use this certificate to show either another business or that business's insurance carrier that such insurance is not required.

If appropriate, the applicant requesting a permit, license or contract from a government entity must complete Form CE-200, print a copy of it, sign it and give it to the **government entity** issuing the permit, license or contract.

### **ATTENTION GOVERNMENT AGENCIES:**

1. **ONLY** applicants eligible for **exemption** must file a **new CE-200** for **each and every** new or renewed permit, license or contract issued by a government agency.
2. Each CE-200 must specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Government agencies must ensure that the legal entity name on Form CE-200 exactly matches the legal entity name applying for the permit, license or contract that is being issued. Form CE-200s are **ONLY** valid for the Government Agency listed on Form CE-200.
3. Applicants for building permits **MUST** supply additional information including identifying the specific job location and the estimated cost of the project.
4. Government agencies must also ensure that Form CE-200 is signed and dated by the applicant.
5. Each CE-200 will have a certificate number printed on it. Government agencies should verify if the CE-200 provided by the applicant was actually issued by the Workers' Compensation Board. To verify a certificate of exemption, access the CE-200 application on the Board's website at: [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click on the last button in the lower right hand corner (WC/DB Exemptions Form CE-200 (In bright yellow letters)). Click Verify WC/DB Exemption (Form CE-200), follow the prompts. The following is the hyperlink to the [Verify Exemption Certificates \(Form CE-200\)](#).
6. Government agencies must also verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200 and notify the Board's investigative staff if there are discrepancies (Board Enforcement Unit phone numbers are listed on page 11 of the instruction manual). For example, if you are licensing a 150 seat restaurant and the applicant indicates on the CE-200 exemption form that he/she is a sole proprietor with no employees, this may indicate a problem.

**ATTENTION APPLICANTS:**

Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years of jail time. Applicants are attesting that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, the Board may investigate entities using this certificate to claim exemption from the coverage requirements of the Law. Any false statement, misrepresentation or concealment will subject business owners to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

To make this process as easy and as efficient as possible for business owners, the vast majority of these forms will be processed electronically on-line. Applicants with access to the internet will be able to fill out the CE-200 on the internet and **immediately** upon completion, **be able to print out a hard copy of the CE-200** that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access are also available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District Offices.

Filling out the electronic Form CE-200 on the internet is very similar to filling out a hotel reservation request on the internet for frequent travelers. Applicants will be issued a pin number and a password (Mother's maiden name) so that they can easily access their information. Once an applicant enters his/her basic information on the Board's website, it can be retrieved by that applicant in the future by using that pin number and password when the applicant is applying for another permit, license or contract.

Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. **Applicants are strongly encouraged to use the Board's electronic web program since they can receive their Form CE-200 immediately, whereas the manual paper filing may take up to four weeks to process.** Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract. This delay results from Workers' Compensation Board staff having to manually enter information from the applicant's paper application into the web based application. Accordingly, to avoid delays, all applicants for exemptions are strongly encouraged to use the on-line Form CE-200 on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click on the last button in the lower right hand corner {WC/DB Exemptions Form CE-200 (In bright yellow letters)}.

## Instructions for Obtaining Form CE-200

The CE-200 is now an on-line application. Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years of jail time. Accordingly, all statements on the CE-200 must be true.

Applicants may access the CE-200 application on the Board's website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us)

1. Go to the lower right hand corner of the Board's Homepage. Click on the last button in the lower right hand corner { *WC/DB Exemptions Form CE-200* (In bright yellow letters)}.
2. Click on *Request for WC/DB Exemption* (Form CE-200).
3. Click the gray button on the bottom (*Select to Access Web-based Application*).
4. Applicants should create their own PIN number (a number that they will remember in the future, such as a birthday).
5. Follow the rest of the prompts.

It should only take about five minutes to fill it out the first time. Applicants should print, sign and date Form CE-200 and send it to the government agency issuing their permit, license or contract from.

If the applicant is having difficulty in printing the CE-200, please call the Board's CE-200 Hotline at **866-546-9322**, **then press 1 and then press 3**, and leave a voice message with the certificate number, the name of the business and a contact phone number. The CE-200 will be sent to the business address on the CE-200 within one business day.

**Form CE-200**



**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\**

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p><b>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</b></p>	<p align="center"><b>Business Applying For: BUILDING PERMIT</b></p> <p align="center"><b>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</b></p> <p>The location of where work will be performed is <b>123 ACME AVENUE, ALBANY, NY 12203.</b></p> <p>Estimated dates necessary to complete work associated with the building permit are from <b>October 14, 2008 to March 31, 2009.</b></p> <p>The estimated dollar amount of project is <b>\$25,001 - \$50,000</b></p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	Signature:	Date:
<p><b>Exemption Certificate Number</b> <b>2008-00197</b></p>		<p><b>Received</b> <b>October 2, 2008</b> <b>NYS Workers' Compensation Board</b></p>

CE-200 (Draft 06/02/08)

## **Instructions for Form C-105.2 -- Certificate of NY Workers' Compensation Insurance from Private Insurance Carriers**

1. Applicants covered by private New York licensed insurance carrier should contact their carrier or their licensed New York (NY) insurance agent of that carrier to obtain a C-105.2.
2. The C-105.2 is only issued by private insurance carriers that are licensed to write NYS workers' compensation insurance and their licensed NY insurance agents. *Insurance brokers are not authorized to issue it.* Form C-105.2 may **not** be used to show proof that an insured is insured by the State Insurance Fund.
3. The authorized representative or licensed agent of the insurance carrier must print his/her name, title and telephone number and sign Form C-105.2.
4. To issue Form C-105.2, NY must be listed at Item 3A on the information page of a workers' compensation insurance policy.
5. Form C-105.2 can be required by government agencies and by private businesses to show proof of New York workers' compensation insurance coverage.
6. Form C-105.2 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
7. Unless the insurer notifies the government agency (listed as the certificate holder in Box 2 on the C-105.2) that the policy has been cancelled, the C-105.2 is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".
8. The Insurance Carrier will notify the certificate holder (listed in Box 2 on Form C-105.2) within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.)
9. Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.
- 10. Only one legal name and Federal Employer Identification Number can be listed on each Form C-105.2. Multiple legal entities MUST NOT be listed. The NYS Unemployment Insurance Employer Registration Number of an insured is not required.**
- 11. The legal entity name and the Federal Employer Identification Number (FEIN) on Form C-105.2 MUST exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.**
12. Municipalities cannot demand the address of the insured listed in Box 1a be in their municipality. New York State workers' compensation policies cover all locations that a business works.
13. Form C105.2 is only valid for the government agency listed as the Certificate Holder in Box 2 on that form. Municipalities issuing permits licenses or contracts must not accept Form C-105.2s that have another municipality's address listed as the certificate holder.
14. Coverage contained on the certificates may be verified. To verify a Certificate of Insurance, visit the Board's website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Go to the blue question mark at the bottom of the page (*Does Employer Have Coverage*). Enter the information and see if the coverage matches. If coverage does not match, please call 518-486-6307.

**Form C-105.2**

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p><b>1a. Legal Name &amp; Address of Insured (Use street address only)</b></p>  <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p><b>1b. Business Telephone Number of Insured</b></p> <p><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b></p> <p><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b></p>
<p><b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p>	<p><b>3a. Name of Insurance Carrier</b></p> <p><b>3b. Policy Number of entity listed in box "1a"</b></p> <p><b>3c. Policy effective period</b></p> <p><b>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)</b></p> <p><b>3e. All partners/officers included or certain partners/officers excluded.</b></p>

This certifies that the insurance carrier named above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (Cancellation notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note:** Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

## **Instructions for Form U-26.3 – Certificate of NY Workers' Compensation Insurance from the New York State Insurance Fund**

1. Businesses insured by the New York State Insurance Fund (NYSIF) may obtain a U-26.3 at the Fund's website: [www.nysif.com](http://www.nysif.com). Click on *Create/Validate Certificate of Insurance* and follow the prompts. Please contact the NYSIF Customer Service Center at 888-875-5790 if you have any questions.
2. Form U-26.3 is **only** issued by the New York State Insurance Fund. *Licensed insurance agents and insurance brokers are **not** authorized to issue it.*
3. Form U-26.3 indicates that the insured is fully covered by a New York workers' compensation insurance policy and that NY is listed on Item 3A of the information page on a workers' compensation insurance policy issued by the New York State Insurance Fund.
4. Form U-26.3 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
5. Unless the New York State Insurance Fund notifies the government agency (listed as the certificate holder) that the policy has been cancelled, the U-26.3 is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed on the U-26.3.
6. The New York State Insurance Fund will notify the certificate holder within 10 days if a policy is canceled. (These notices may be sent by regular mail.)
7. Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.
8. **Only one legal name and Federal Employer Identification Number can be listed on each Form U-26.3. (Multiple legal entities MUST NOT be listed.)**
9. **The legal entity name and the Federal Employer Identification Number (FEIN) on Form U-26.3. MUST exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.** The FEIN number is the number above the State Insurance Fund address above Policy Holder on Form U-26.3. (Please note the State Insurance Fund blocks Social Security numbers from appearing on this form. Employers that only have a Social Security number will not show anything under an FEIN, and this is acceptable. Coverage for legal entities that only have a Social Security number can be confirmed solely based on an exact legal name match.)
10. Municipalities **cannot** demand the address of the insured on Form U-26.3 be in their municipality. New York State workers' compensation policies cover all locations that a business works.
11. Form U-26.3s are **only** valid for the Government Agency listed as the Certificate Holder. Municipalities issuing permits, licenses or contracts must not accept Form U-26.3s that have another government agency's address listed as the certificate holder.
12. Coverage contained on the U-26.3 certificates may be verified. To verify a Certificate of Insurance, visit [www.nysif.com](http://www.nysif.com). Click on *Create/Validate Certificate of Insurance*. If coverage does not match, please call 518-486-6307.

Form U-26.3



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (212) 312-9000

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 146013200  
STATE INSURANCE FUND  
PRODUCTION CONTROL POLICY #1  
199 CHURCH ST USWS-7TH FLOOR  
NEW YORK NY 10007

<b>POLICYHOLDER</b> STATE INSURANCE FUND PRODUCTION CONTROL POLICY #1 199 CHURCH ST USWS-7TH FLOOR NEW YORK NY 10007	<b>CERTIFICATE HOLDER</b> SAMPLE CERTIFICATE 123 NEW YORK ROAD NEW YORK NY 10001
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<b>POLICY NUMBER</b> L 1265 328-3	<b>CERTIFICATE NUMBER</b> 929707	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 12/26/2008 TO 12/26/2009	<b>DATE</b> 6/17/2010
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAME ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1265 328-3 UNTIL 12/26/2009 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.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 12/26/2009 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY EMPLOYMENT.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIMITED 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.

SAMPLE

NEW YORK STATE INSURANCE FUND

*John Manetti*

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 591780737

## **Instructions for Form SI-12 -- Certificate of Workers' Compensation Self-Insurance**

1. Employers that are authorized as fully self-insured for New York State workers' compensation may obtain Form SI-12 by calling the Board's Self-Insurance Office at 518-402-0247.
2. Form SI-12 is only issued by the Self-Insurance Office of the NYS Workers' Compensation Board. *Insurance brokers and insurance agents are **not** authorized to issue it.* Only legal entities that are authorized by the Workers' Compensation Board as fully self-insured are eligible for Form SI-12.
3. Form SI-12 indicates that the listed legal entity is fully covered for workers' compensation in New York State.
4. Form SI-12 can be required by government agencies and by private businesses to show proof of New York workers' compensation insurance coverage.
5. Form SI-12 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
6. Form SI-12 is valid for one year after this form is approved by the Secretary of the NYS Workers' Compensation Board.
7. **Only one legal name and Federal Employer Identification Number can be listed on each Form SI-12. (Multiple legal entities must not be listed.)**
8. **The legal entity name and the Federal Employer Identification Number (FEIN) on Form SI-12 MUST exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.**
9. Municipalities cannot require the address of the self-insured entity to be in their municipality. New York State workers' compensation covers all locations that a business works.
10. Coverage contained on the certificates may be verified. To verify a SI-12 go to the Board's website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Go to the blue question mark at the bottom of the page (*Does Employer Have Coverage*). Enter the information and see if the coverage matches. If coverage does not match, please call 518-486-6307.

**Form SI-12**



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD -  
SELF-INSURANCE OFFICE  
20 PARK STREET - ROOM 206  
ALBANY, NY 12207



(518) 402-0247  
FAX (518) 402-6199

**COMPLIANCE WITH DISABILITY BENEFITS LAW**  
(Pursuant To Section 220, subd. 8 of the Disability Benefits Law)

EMPLOYER	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LOCATION OF OPERATION
ADDRESS (HOME OR MAIN OFFICE)	OPERATIONS TO BE REPORTED ON OR ABOUT:

There are on file with the Workers' Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

- By approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.
- By a combination of approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date:

By: \_\_\_\_\_  
Gina Wagoner  
WC Examiner

DB-155 (3/04)

THIS AGENCY EMPLOYS & SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

## **Instructions for Form GSI-105.2 -- Certificate of Participation in New York State Workers' Compensation Group Self-Insurance**

1. Form GSI-105.2 is only issued by administrators of Group Self-Insurance Plans. *Insurance brokers and insurance agents are **not** authorized to issue it.*
2. The Group Self-Insurance Plan Administrator's authorized representative must print his/her name, title and telephone number and sign Form GSI-105.2.
3. Form GSI-105.2 indicates that the listed legal entity is fully covered for workers' compensation in New York State.
4. Form GSI-105.2 can be required by government agencies and by private businesses to show proof of New York workers' compensation insurance coverage.
5. Form GSI-105.2 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
6. Unless the Group Self-Insurance Plan Administrator notifies the government agency (listed as the certificate holder in Box 2 on the Form GSI-105.2) that the policy has been cancelled, the Form GSI-105.2 is valid for one year from the date certified by the Group Self-Insurer.
7. The Insurance Carrier will notify the certificate holder (listed in Box 2 on Form GSI-105.2) within 10 days IF a policy is canceled. (These notices may be sent by regular mail.)
8. Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.
9. **Only one legal name and Federal Employer Identification Number can be listed on each Form GSI-105.2. Multiple legal entities MUST NOT be listed. The NYS Unemployment Insurance Employer Registration Number of an insured is not required.**
10. **The legal entity name and the Federal Employer Identification Number (FEIN) on Form GSI-105.2 must exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.**
11. Municipalities **cannot** demand the address of the insured listed in Box 1a be in their municipality. New York State workers' compensation policies cover all locations that a business works.
12. GSI-105.2s are ONLY valid for the Government Agency listed as the Certificate Holder in Box 2 on Form GSI-105.2. Municipalities issuing permits licenses or contracts must not accept Form GSI-105.2s that have another municipality's address listed as the certificate holder.
13. Coverage contained on the certificates may be verified. To verify a Certificate of Insurance, go to the Board's website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Go to the blue question mark at the bottom of the page (*Does Employer Have Coverage*). Enter the information and see if the coverage matches. If coverage does not match, please call 518-486-6307.

STATE OF NEW YORK  
 WORKERS' COMPENSATION BOARD  
**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION  
 GROUP SELF-INSURANCE**

<b>1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)</b>	<b>1d. Business Telephone Number of Business referenced in box "1a"</b>  <b>1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"</b>
<b>1b. Effective Date of Membership in the Group</b> _____	<b>1f. Federal Employer Identification Number of Business referenced in Box "1a"</b>
<b>1c. The Proprietor, Partners or Executive Officers are</b> <input type="checkbox"/> included (only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded	<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)</b>
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)</b>	<b>Name and Address of Group Self-Insurer</b>

This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2".

The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "3" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

*If this certificate is not being issued according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.*

**Under penalty of perjury, I certify that I am an authorized representative of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.**

Certified by: \_\_\_\_\_ (Print name of authorized representative of the Group Self-Insurer)

Certified by: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

GSI-105.2 (2-02)

## **Instructions for State Agency Letter from the NYS Department of Civil Service**

1. State agencies are covered for workers' compensation under Section 88-c of the Workers' Compensation Law. The Department of Civil Service provides a letter that serves as a certificate indicating the applicant is a New York State government agency and is covered for workers' compensation under that section of the law.
2. State agencies are exempt from New York disability benefits coverage. The letter from the Department of Civil Service also serves as a certificate of that exemption.
3. State agencies can obtain a letter from the Department of Civil Service by contacting Dan Giovannangelo at 518-473-1920.
4. Government agencies can also verify that the Department of Civil Service issued a letter for an applicant claiming to be a state agency by contacting Dan Giovannangelo at 518-473-1920. If there is a problem with this verification, please call the Board at 518-486-6307.

**State Agency Letter from the NYS Department of Civil Service**



STATE OF NEW YORK  
DEPARTMENT OF CIVIL SERVICE  
ALFRED E. SMITH STATE OFFICE BUILDING  
ALBANY, NEW YORK 12239  
www.cs.state.ny.us

January 1, 2010

John Doe  
NYS Agency  
Albany, NY 12239

Dear Mr. Doc,

In response to your recent request for documentation of workers' compensation coverage for New York State employees, this is to advise you that Section 88-C of the Workers' Compensation Law, as amended by Chapter 103 of the laws of 1981, provides for workers' compensation coverage of State employees. It states in pertinent part:

*"Notwithstanding any other provisions of law, to the contrary, the liability of the State for the payment of compensation under this chapter heretofore existing or hereinafter arising shall be secured by an insuring agreement to be entered into between the Department of Civil Service and the State Insurance Fund wherein the State, from monies appropriated therefore, shall pay in to the fund on a periodic basis the actual costs to the fund for the meeting and paying, as the same become due and payable, all obligations incurred under this chapter by the State as an employer."*

The Department of Civil Service has entered into said insuring agreement with the State Insurance Fund, contract number C177594, securing the State's liability for the payment of workers' compensation in accordance with the Workers' Compensation Law. This policy is in effect until revised upon the mutual agreement of both parties.

Furthermore, in regard to your request for documentation of disability coverage for New York State employees, this is to advise you that Section 201, Subdivision 4, of the Workers' Compensation Law, provides that the State of New York is not a covered employer for purposes of the Disability Benefits Law and is not under an obligation to provide such benefits to its employees.

If you should have any additional questions concerning this matter, please call me at (518) 473-1920.

Sincerely,

Daniel Giovannangelo  
Contract Management Unit  
Employee Benefits Division

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

## **Liabilities and Penalties for Not Having Required Workers' Compensation Insurance Coverage**

### **Ascertaining Violations of the Law**

The Workers' Compensation Board may require an employer to furnish proof that the employer:

- has a valid workers' compensation insurance policy;
- is self-insured for workers' compensation; or
- is legally exempt from having to obtain workers' compensation coverage.

If an employer fails to provide this information within 10 days following the Board's request, the Board assumes that the employer is violating the Workers' Compensation Law (WCL).

### **Personal Accountability**

The sole proprietor or the partners of a business, or the president, secretary and treasurer of a corporation are personally liable for the business's failure to secure workers' compensation insurance.

### **Liability for Claims Incurred by an Uninsured Employer for Workers' Compensation Insurance -- Section 26-a of the Workers Compensation Law**

The employer is liable for paying an assessment of \$1,000 for each 10-day period of noncompliance or a sum not in excess of two times the amount of premium that should have been paid by the employer during the period of noncompliance, plus the actual award (including both compensation and medical costs) plus any penalties the Board assesses for noncompliance.

### **Penalties for Noncompliance with Workers' Compensation Mandatory Coverage Requirements**

- 1) Section 52-5 of the Workers' Compensation Law – The Board may impose upon an employer, in addition to all other penalties, a fine of \$2,000 for each 10-day period of noncompliance, or a sum not in excess of two times the amount of premium that should have been paid by the employer during the period of noncompliance. The fine of \$2,000 for each 10-day period of noncompliance is the most commonly imposed penalty for noncompliance.
- 2) Section 52-1 of the Workers' Compensation Law – Not securing required workers' compensation insurance is a misdemeanor for employers five or less employees, punishable by a fine of not less than \$1,000 nor more than \$5,000, in addition to all other penalties. Not securing required workers' compensation insurance is a Class E Felony for employers with more than five employees, punishable by a fine of not less than \$5,000 nor more than \$50,000, in addition to all other penalties. Subsequent violation within five years is a Class D Felony for all employers and may result in a fine of not less than \$10,000 nor more than \$50,000, in addition to all other penalties.  
*Misrepresentation of payroll results in a penalty to \$2,000 for each 10-day period of noncompliance. Additionally, the fine for criminal conviction is from \$1,000 to \$50,000 (WCL §52(1)(d)).*
- 3) Section 51 of the Workers' Compensation Law – Any employer who fails to conspicuously post a C-105 form in each place of business that indicates their workers' compensation insurance coverage shall be required to pay to the board a fine of up to \$250 for each violation, in addition to any other penalties imposed by law to be deposited into the uninsured employers' fund.
- 4) Section 131 of the Workers' Compensation Law – *\$1,000 penalty for each 10 days of not keeping accurate payroll records. Additionally, the fine for criminal conviction is from \$5,000 to \$25,000.*
- 5) Section 141-a of the Workers' Compensation Law – The Board now has the authority to issue Stop Work Orders to noncompliant businesses.

- 6) Section 141-b of the Workers' Compensation Law – Prevents employers with various types of workers' compensation noncompliance infractions from bidding on public work projects.

### **Additional Liability for Uninsured Employers**

- 1) An uninsured employer is responsible for obtaining and paying for any legal representation required to litigate a workers' compensation claim. (An insured employer's workers' compensation insurance carrier provides such representation as part of the workers' compensation insurance policy's coverage.)
- 2) An uninsured employer can be directly sued by an injured employee. (In most cases, an employer's workers' compensation insurance is the sole recourse for the employer's injured employees.)

# STATE & MUNICIPAL AGENCY COMPLIANCE WITH GENERAL MUNICIPAL LAW §125

Letter Regarding General Municipal Law §125



DAVID A. PATERSON  
GOVERNOR

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
20 PARK STREET  
ALBANY, NY 12207



ROBERT E. BELOTEN  
CHAIR

May, 2010

To all Code Enforcement Officials, Building Departments, and Municipal Entities:

Effective January 18, 1999, Section 125 of the General Municipal Law requires that any individual applying for a building permit must prove to the building department that he/she is in compliance with the mandatory coverage provisions of the Workers' Compensation Law before the building permit is issued.

## General Background

Under Section 57 of the Workers' Compensation Law, businesses listed as the general contractors on building permits are required to submit proof of compliance with the mandatory coverage provisions of the Workers' Compensation Law to the building department before a building permit is issued. Section 125 of the General Municipal Law is specifically targeted at ensuring that all applicants who list themselves as the general contractors on the building permit are in compliance with the mandatory coverage provisions of the Workers' Compensation Law.

For homeowner applicants, the instruction manual includes a link to form BP-1 Affidavit of Exemption to Show Specific Proof of Workers' Compensation Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence. The law requires homeowners to provide proof of workers' compensation compliance when applying for a building permit. If the homeowner qualifies for an exemption, the homeowner must either complete this form and file it with the local building department; or the homeowner must complete Form CE-200 and file it with the local building department.

## Implementing Section 125 of the General Municipal Law

### 1. General contractors and Business Owners

Businesses listed as the general contractors on building permits, must prove that they are in compliance with the mandatory coverage requirements and also Section 57 of the Workers' Compensation Law (WCL) by producing ONE of the following forms indicating that they are:

- insured (Form C-105.2 or U-26.3 – the business's insurance carrier will send this form to the building department upon the business's request) All private carriers and their licensed insurance agents are authorized to issue the form C-105.2 as their Certificate of NYS Workers' Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of NYS Workers' Compensation Insurance.
- self-insured (Form SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** Form GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance) (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).
- exempt (Form CE-200 – {*Form CE-200 is available on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms."* Paper applications for this form are available by writing or visiting any Customer Service Center at any District Office of the Workers' Compensation Board, or by calling 866-298-7830.})

**Applicants are strongly encouraged to use the Board's electronic web program since they can receive their Form CE-200 immediately, whereas the manual paper filing may take up to four weeks to process.**

Any residence that is not a 1, 2, 3, or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

**(Please note: ACORD forms are NOT acceptable proof of workers' compensation coverage!)**

#### **Owner-occupied Residences**

Homeowners of a 1, 2, 3, or 4 Family, Owner-occupied Residence, must file Form BP-1 when applying for a building permit when they are:

- listed as the general contractor on the building permit, and the homeowner:
  - is performing all the work for which the building permit was issued him/herself,
  - is not hiring, paying or compensating in any way, the individual(s) that is (are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.

**Applicants submit Form BP-1 under penalty of perjury, a felony carrying a penalty of four years of jail time.**

- If the homeowner of a 1, 2, 3, 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may NOT file the "Affidavit of Exemption" form, BP-1, but must either:
  - acquire appropriate workers' compensation coverage and provide, to the government entity issuing the building permit, appropriate proof of that coverage, on forms C-105.2 or U-26.3, OR
  - have the general contractor performing the work provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage, to the government entity issuing the building permit.

*Form BP-1 CANNOT be used for a building permit related to the construction of a new home since no Certificate of Occupancy has been issued. Accordingly, the new home is not owner-occupied. Homeowners serving as the general contractor of their new home may submit a Form CE-200 if they are not paying anyone to help them build the new home and only have uncompensated friends and family helping them.*

#### **Background on Coordinating the Implementation of Section 125 of the General Municipal Law with Existing Statutes**

To ensure that homeowners are not required to have duplicate workers' compensation coverage, the implementation form attempts to coordinate compliance with Section 125 of the Municipal Law with coverage provided under Section 3420(j) of the Insurance Law, which is the homeowner's policy's workers' compensation insurance rider.

As of March 1, 1985, New York State Insurance Law § 3420(j) provides that every policy of comprehensive personal liability insurance (i.e., homeowner's insurance) on a 1, 2, 3, or 4 Family owner-occupied dwelling (including condominiums) will also provide workers' compensation benefits. This section was added to protect the homeowner from unexpected liability when the Board determines that a person, whom the homeowner did not believe required coverage, is found to be entitled to benefits. To receive benefits under this policy, the employee must be found by the Board to have been injured in employment of the policyholder and employed for less than 40 hours a week in and about the owner's 1, 2, 3, 4 family residence in this State.

*Form [BP-1](#) is available on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us), under the heading "Forms."* Please make as many copies of the BP-1 as you require. The BP-1 form reflects the minimum standard to be applied statewide. If a municipality wishes to collect a copy of the certificate of insurance from a building permit applicant's homeowner's insurance policy or obtain a copy of the information page from the building permit applicant's homeowner's insurance policy, the municipality could make that a local requirement which would be in addition to the State requirement.

**Prove It to Move It**

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If you have any questions regarding the BP-1 form, Section 125 of the General Municipal Law or Section 57 of the Workers' Compensation Law, please contact Steve Carbone of the New York State Workers' Compensation Board at (518) 486-6307.

Thank you for your office's cooperation in enforcing Section 125 of the General Municipal Law and Section 57 of the Workers' Compensation Law.

Sincerely,

Peter Michels  
Director of Compliance

**Form BP-1**

**Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\***

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me this _____ day of _____, _____ _____ (County Clerk or Notary Public)
---

**Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.**

**LAWS OF NEW YORK, 1998  
CHAPTER 439**

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

**Implementing Section 125 of the General Municipal Law**

**1. General Contractors -- Business Owners and Certain Homeowners**

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ a Board-approved self-insured employer (SI-12), or
- ◆ are exempt (WC/DB-100),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

**2. Owner-occupied Residences**

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file Form BP-1.

- ◆ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" Form BP-1, but shall either:
  - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (Form C-105.2 or Form U-26.3), OR
  - ◇ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit, provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

# GOVERNMENT AGENCY COMPLIANCE WITH DISABILITY BENEFITS

## ***Section 220 (8): Restriction on Issue of Permits and the Entering of Contracts Unless Disability Benefits Coverage Is Secured***

Section 220 (8) of the Workers' Compensation Law (WCL) regarding disability benefits requires the heads of all State and municipal entities, prior to issuing any permits, licenses or entering into contracts, to ensure that businesses applying for those permits, licenses or entering into contracts have appropriate disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage;
- B) obtain such coverage from insurance carriers; or
- C) be self-insured.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220 (8), businesses requesting permits or seeking to enter into contracts must provide *one* of the following forms to the entity issuing the permit or entering into a contract:

A) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*. Form CE-200 can be filled out electronically on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click on the last button in the lower right hand corner (*WC/DB Exemptions Form CE-200*, in bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. **Applicants are strongly encouraged to use the Board's electronic web program since they can receive their Form CE-200 immediately, whereas the manual paper filing may take up to four weeks to process.** Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; **or**

B) [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**

C) [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

D) Letter from the Dept. of Civil Service indicating the applicant is a New York state government agency that is exempt from disability benefits insurance coverage.

**Instructions for Form CE-200 (12/08)**

See pages 13 - 16 of this manual for information on this form.

**Form CE-200**



**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party.\*\**

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p> <p><b>JOHN SMITH 123 MAIN STREET ALBANY, NY 12207 111-111-1111 Federal ID Number: XXXXX6789</b></p>	<p align="center"><b>Business Applying For: BUILDING PERMIT</b></p> <p><b>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</b></p> <p>The location of where work will be performed is <b>123 ACME AVENUE, ALBANY, NY 12203.</b></p> <p>Estimated dates necessary to complete work associated with the building permit are from <b>October 14, 2008 to March 31, 2009.</b></p> <p>The estimated dollar amount of project is <b>\$25,001 - \$50,000</b></p>
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**Workers' Compensation Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

**Disability Benefits Exemption Statement:**

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

<b>SIGN HERE</b>	Signature: _____	Date: _____
<p><b>Exemption Certificate Number</b> <b>2008-00197</b></p>		<p><b>Received</b> <b>October 2, 2008</b> <b>NYS Workers' Compensation Board</b></p>

CE-200 (Draft 06/02/08)

## Instructions for Form DB-120.1 -- Certificate of NY Disability Benefits Insurance

1. Applicants covered by private New York licensed insurance carrier should contact their carrier or their licensed New York insurance agent of that carrier to obtain a DB-120.1.
2. The DB-120.1 is issued by all insurance carriers that are licensed to write NYS statutory disability benefits insurance and their licensed NY insurance agents. *Insurance brokers are **not** authorized to issue it.*
3. The authorized representative or licensed agent of the insurance carrier must print his/her name, title and telephone number and sign DB-120.1.
4. Form DB-120.1 can be required by government agencies and by private businesses to show proof of New York disability benefits insurance coverage.
5. Form DB-120.1 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
6. Unless the insurer notifies the government agency (listed as the certificate holder in Box 2 on the DB-120.1) that the policy is cancelled, the DB-120.1 is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box 3c.
7. Upon the cancellation of the policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of New York's WCL.
8. **Only one legal name and Federal Employer Identification Number can be listed on each Form DB-120.1. Multiple legal entities MUST NOT be listed. The NYS Unemployment Insurance Employer Registration Number of an insured is not required.**
9. **The legal entity name and the Federal Employer Identification Number (FEIN) on Form DB-120.1 must exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.**
10. **Municipalities cannot demand the address of the insured listed in Box 1a. be in their municipality. New York disability benefits policies cover all locations that a business works.**
11. Form DB-120.1 is only valid for the agency listed as the Certificate Holder in Box 2 on Form DB-120.1. Municipalities issuing permits licenses or contracts must not accept Form DB-120.1 that has another municipality's address listed as the certificate holder.
12. Coverage contained on the certificates may be verified. To verify a Certificate of Insurance, visit the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Go to the blue question mark at the bottom of the page (*Does Employer Have Coverage*). Enter the information and see if the coverage matches. If coverage does not match, please call 518-486-6307.
13. If Boxes 1 through 3 are completed correctly, and Box 4a is checked on Form DB-120.1, the form is complete once the disability benefits insurance carrier or its licensed New York insurance agent signs and dates the form, and provides their title and phone number.

However, if Boxes 1 through 3 are completed correctly, and Box 4b is checked on Form DB-120.1, the disability benefits insurance carrier or its licensed New York insurance agent signs and dates the form, and provides their title and phone number and then forwards Form DB-120.1 to New York State Workers' Compensation Board for final sign off. The New York State Workers' Compensation Board must sign Form DB-120 if Box 4b is checked.

FORM DB-120.1

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

1a. Legal Name and Address of Insured (Use street address only)	1b. Business Telephone Number of Insured  NYS Employment Insurance Employer Registration Number of Insured  1d. Federal Employer Identification Number of Insured or Social Security Number
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2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insured Carrier  3b. Policy Number of Carrier listed in box "1a":  3c. Policy effective period:
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4. Policy covers \_\_\_\_\_ of the employee employed by the employer eligible under the New York Disability Benefits Law in the following classification of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

**IMPORTANT:** If box "4a" is checked, and this form is signed by an authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE and is ready to be submitted to the Workers' Compensation Board.  
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Insurance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

**State of New York  
Workers' Compensation Board**

According to information maintained by the New York Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.*

DB-120.1 (5-06)

## **Instructions for Form DB-155 -- Certificate of NY Disability Benefits Self-Insurance**

1. Employers that are authorized as fully self-insured for New York State disability benefits may obtain Form DB-155 by calling the Self-Insurance Office of the NYS Workers' Compensation Board at 518-402-0247.
2. Form DB-155 is only issued by the Self-Insurance Office of the NYS Workers' Compensation Board. *Insurance brokers and insurance agents are not authorized to issue it.* Only legal entities that are authorized by the Workers' Compensation Board as fully self-insured for disability benefits in NYS are eligible for Form DB-155.
3. Form DB-155, indicates that the listed legal entity is fully covered for disability benefits in New York State.
4. Form DB-155 can be required by government agencies and by private businesses to show proof of New York disability benefits insurance coverage.
5. Form DB-155 can be used for multiple permits, licenses or contracts that a business has with a specific government agency.
6. Form DB-155 is valid for one year after this form is approved by the NYS Workers' Compensation Board.
7. **Only one legal name and Federal Employer Identification Number can be listed on each Form DB-155. (Multiple legal entities MUST NOT be listed.)**
8. **The legal entity name and the Federal Employer Identification Number (FEIN) on Form DB-155 MUST exactly match the legal entity name and FEIN of the applicant applying for the permit, license or contract that the government agency is issuing.**
9. **Municipalities can NOT require the address of the self-insured entity to be in their municipality. New York State workers' compensation covers all locations that a business works.**
10. Coverage contained on the certificates may be verified. To verify a DB-155, visit the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Go to the blue question mark at the bottom of the page (**Does Employer Have Coverage**). Enter the information and see if the coverage matches. If coverage does not match, please call 518-486-6307.

# FORM DB-155



STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
SELF-INSURANCE OFFICE  
20 PARK STREET - ROOM 206  
ALBANY, NY 12207



(518) 402-0247  
FAX (518) 402-6199

### COMPLIANCE WITH DISABILITY BENEFITS LAW (Pursuant To Section 220, subd. 8 of the Disability Benefits Law)

EMPLOYER	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	LOCATION OF OPERATION
ADDRESS (HOME OR MAIN OFFICE)	OPERATIONS TO BE REPORTED ON OR ABOUT:

There are on file with the Workers' Compensation Board, documents indicating that the above-named employer has complied with the Disability Benefits Law with respect to all of his or her employees in the following manner:

- By approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law.
- By a combination of approved self-insurance pursuant to Section 211, subdivision 3 of the Disability Benefits Law and insurance with authorized insurance carrier(s).

Date:

By: \_\_\_\_\_  
Gina Wagoner  
WC Examiner

DB-155 (3/04)

THIS AGENCY EMPLOYS & SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION

## **Instructions for State Agency Letter from the NYS Department of Civil Service**

- 1) State agencies are covered for workers' compensation under Section 88-c of the Workers' Compensation Law. The Department of Civil Service provides a letter that serves as a certificate indicating the applicant is a New York State government agency and is covered for workers' compensation under that section of the law.
- 2) State agencies are exempt from New York disability benefits coverage. The letter from the Department of Civil Service also serves as a certificate of that exemption.
- 3) State agencies can obtain a letter from the Department of Civil Service by contacting Dan Giovannangelo at 518-473-1920.
- 4) Government agencies can also verify that the Department of Civil Service issued a letter for an applicant claiming to be a state agency by contacting Dan Giovannangelo at 518-473-1920. If there is a problem with this verification, please call the Board at 518-486-6307.

## Letter from the NYS Department of Civil Service



STATE OF NEW YORK  
DEPARTMENT OF CIVIL SERVICE  
ALFRED E. SMITH STATE OFFICE BUILDING  
ALBANY, NEW YORK 12239  
[www.cs.state.ny.us](http://www.cs.state.ny.us)

January 1, 2010

John Doe  
NYS Agency  
Albany, NY 12239

Dear Mr. Doc,

In response to your recent request for documentation of workers' compensation coverage for New York State employees, this is to advise you that Section 88-C of the Workers' Compensation Law, as amended by Chapter 103 of the laws of 1981, provides for workers' compensation coverage of State employees. It states in pertinent part:

*"Notwithstanding any other provisions of law, to the contrary, the liability of the State for the payment of compensation under this chapter heretofore existing or hereinafter arising shall be secured by an insuring agreement to be entered into between the Department of Civil Service and the State Insurance Fund wherein the State, from monies appropriated therefore, shall pay in to the fund on a periodic basis the actual costs to the fund for the meeting and paying, as the same become due and payable, all obligations incurred under this chapter by the State as an employer."*

The Department of Civil Service has entered into said insuring agreement with the State Insurance Fund, contract number C177594, securing the State's liability for the payment of workers' compensation in accordance with the Workers' Compensation Law. This policy is in effect until revised upon the mutual agreement of both parties.

Furthermore, in regard to your request for documentation of disability coverage for New York State employees, this is to advise you that Section 201, Subdivision 4, of the Workers' Compensation Law, provides that the State of New York is not a covered employer for purposes of the Disability Benefits Law and is not under an obligation to provide such benefits to its employees.

If you should have any additional questions concerning this matter, please call me at (518) 473-1920.

Sincerely,

Daniel Giovannangelo  
Contract Management Unit  
Employee Benefits Division

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

## **Summary: WCL Sec. 57 & 220 (8), and General Municipal Law Sec. 125**

### *1. Definition of Workers' Compensation and Disability Benefits*

- WC covers **job** related accidents, injuries, illnesses -- Benefits include all related medical expenses plus 2/3 average weekly wage up to \$500 per week effective 7/1/07, \$550 per week effective 7/1/08, \$600 per week effective 7/1/09 and 2/3 of the State's average weekly wage effective 7/1/10 and thereafter.
- DB covers **non-job** related accidents, injuries, illnesses -- Benefits 1/2 average weekly wage up to \$170 per week for maximum of 26 weeks; **NO** medical expenses.

### *2. How this insurance benefits both employers and employees?*

- Employees -- No fault, "prompt payment" of benefits.
- Employers -- Sole remedy coverage – "eliminates" lawsuits and personal liability.

### *3. Why do municipal and state employees have to check on this insurance coverage?*

- WCL §57 & §220 (8) requires it.
- It is part of the responsibilities of public protection and levels business playing field.

### *4. What happens if an employer is supposed to have this coverage and doesn't?*

- Employer usually is personally liable for full compensation and medical claim payments; penalties; administrative expenses; and possible criminal charges.
- Employee usually is initially paid by Uninsured Employers' Fund – this requires a lengthy process before compensation or medical bills are paid.

### *5. How do municipal and state employees check on this insurance coverage?*

- **WC & DB:** CE-200, *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*; or
- **WC:** C-105.2, *Certificate of Workers' Compensation Insurance*. The business's insurance carrier will send this form to the government entity upon the business's request. Please Note: The State Insurance Fund provides its own version of this form, the U-26.3; or
- **WC:** SI-12, *Certificate of Workers' Compensation Self-Insurance*, or GSI-105.2, *Certificate of Participation in Workers' Compensation Group Self-Insurance*. Please note: ACORD forms are not acceptable proof of workers' compensation coverage.
- **DB:** DB-120.1, *Certificate of Disability Benefits*. The business's insurance carrier will send this form to the government entity upon request; **or**
- **DB:** DB-155, *Certificate of Disability Benefits Self-Insurance*.

**New York State Agencies Acceptable Proof:** A letter from the Dept. of Civil Service indicating the applicant is a New York state government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from disability benefits is acceptable proof.

### *6. Do out-of-state employers need specific NYS workers' compensation coverage if they have any employees working in New York State?*

Yes, An employer has a full, statutory NYS workers' compensation insurance policy when New York is listed in Item 3A on the Information Page of the employer's workers' compensation insurance policy.

Disability benefits coverage is required if the business employs individuals in NYS for more than 30 days in a calendar year.

7. *Does a general contractor hiring subcontractors need coverage?*

Yes. To obtain a permit, contract or license from a government agency, general contractors **must** carry a workers' compensation insurance policy if they are hiring subcontractors.

8. *Are homeowners required to submit proof of workers' compensation insurance prior to the homeowner receiving a building permit? (Chapter 439 of the Laws of 1998 -- General Municipal Law Chapter 125)*

For homeowners of a 1, 2, 3, or 4 family, owner-occupied residence, proof of their exemption from the mandatory coverage provisions of the workers' compensation law when applying for a building permit is to file a form BP-1.

- Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 family, owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ♦ is performing all the work for which the building permit was issued him/herself,
  - ♦ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ♦ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (total hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- If the homeowner of a 1, 2, 3 or 4 family, owner-occupied residence is hiring or paying individuals a total of 40 hours or MORE in any week (total hours for all paid individuals on the jobsite) for the work for which the building permit was issued, or is constructing his/her own personal primary/secondary residence (new construction) then the homeowner may not file the "Affidavit of Exemption" form, BP-1, but shall either:
  - ♦ acquire appropriate workers' compensation coverage and provide, to the government entity issuing the building permit, appropriate proof of that coverage, on forms C-105.2 or U-26.3, OR
  - ♦ have the general contractor working on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

9. *What is a municipal or state employee's personal liability if he or she forgets to get proof of this coverage?*

No direct liability under Section 57 for payment of no-insurance claims. However, nothing precludes an injured individual from filing a direct lawsuit for failure to perform public responsibilities.

10. *What is the municipal or state agency's liability if municipal or state employees forget to get proof of these coverages?*

No liability under Section 57 for payment of no-insurance claims. However, nothing precludes an injured individual from filing a direct lawsuit for failure to perform public responsibilities. **Please note:** if the municipality or State agency is directly hiring independent contractors or subcontractors, to avoid workers' compensation liability, the government entity should always require that the independent contractors or subcontractors have a workers' compensation insurance policy.