

CITY OF ONEIDA
DEPARTMENT OF CODE ENFORCEMENT

PATRICK J. BARON
Code Enforcement Officer
City Building Inspector



109 North Main Street
Oneida, New York 13421
Tel.: 315-363-8460
Fax: 315-363-9558
pjbaron@oneidacity.com

NOTICE

Building permits will **ONLY** be issued after the application has been reviewed and approved by the Code Enforcement Officer. (CEO)

In accordance with Section 34-10 of the Buildings and Building Regulation Ordinance, the CEO is permitted a reasonable period of time to approve or disapprove the building permit applications.

NO building permit will be issued on the same day that the application is received by the CEO.

Please call: 363-8460 to confirm the status of your application or you will be contacted when the permit is ready.

Patrick J. Baron
Code Enforcement Officer (CEO)

Permit # _____

Date: _____

**CITY OF ONEIDA
OFFICE OF CODE ENFORCEMENT
Building Permit Application**

**Dig Safely New York
800-962-7962
www.digsafelyny.com**

Application is hereby made to the Codes Department for the issuance of a Building/Zoning Permit pursuant to the NYS Uniform Fire Prevention & Building Code for the construction of buildings, additions, or alterations, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on the back of this application, which are part of these requirements and also will allow all inspectors to enter the premises for the required inspections.

NOTE – PLEASE READ INSTRUCTIONS (on next page)

Owner/s Name: _____

Address: _____

Tel#: (_____) _____

Tax Map # _____

Property Location of Proposed Construction:

Existing Use of Property: _____

Explain work being done: _____

Contractors Name: _____

Address: _____

_____ Zip _____

Tel#: (_____) _____

Name of Compensation or General Liability

Carrier: _____

Policy #: _____

Zoning District: _____

Lot Size _____ Area _____

Existing Building Size: _____

New Building Size: _____

New Building Yards: Zoning Set Backs (Fill in plot diagram)

Front Set Back _____ Feet

Right Side Yard Width _____ Feet

Left Side Yard Width _____ Feet

Rear Yard Depth: _____ Feet

Bldg. Height _____ Feet _____ Stories

ESTIMATED COST: \$ _____

Floor Area _____ Sq. Ft.

Building Permit Fee: \$ _____

C/O Fee: \$ _____

Sewer Permit Fee: \$ _____

Truss Identification Fee: \$ _____

Late Fee: \$ _____ (refer to information page)

Late Fee: \$ _____ (refer to information page)

TOTAL FEE: \$ _____

NOTE: Inspections by Code Department are required at the following schedule: (You must call for inspections)

1. Footings before pouring concrete.
2. Foundation Inspection before backfill
3. Framing, plumbing, heating and electrical inspections before closing any framework.
4. Insulation Inspection
5. When work is completed, final inspection is required by: Sewer, Electrical and the Codes Department. No occupancy of building is permitted without a Certificate of Occupancy issued by the Codes Department.

NOTE: THIS BUILDING PERMIT IF FOR RESIDENTIAL OR COMMERCIAL WORK EXPIRES SIX (6) MONTHS FROM THE DATE ISSUED.

SIGNATURE OF THE OWNER, APPLICANT OR AGENT

PRINT NAME OF OWNER, APPLICANT OR AGENT

For Official Use Only

The application of _____ dated _____ is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and/or accessory structure, as set forth above.

Reason for refusal of permit: _____

Dated: _____

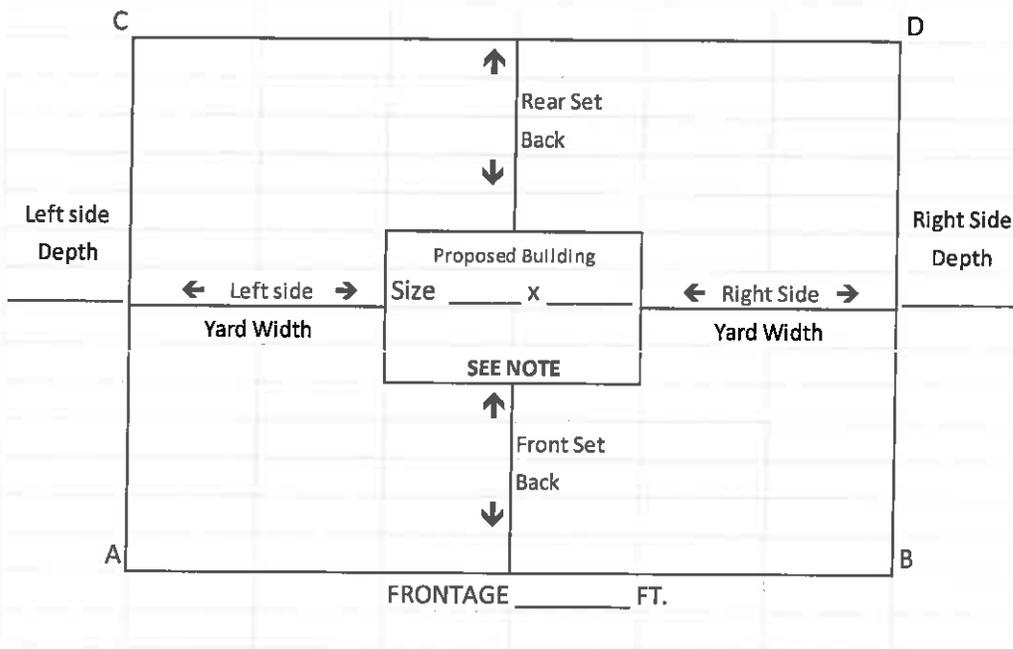
Codes Department Officer

INSTRUCTIONS

1. This application must be completely filled in by typewriter or in ink and submitted to the Codes Office.
2. Plot plan showing location of lot and of building on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be drawn on the diagram, which is part of this application.
3. This application must be accompanied by one complete set of plans showing proposed construction.
4. The work covered by this application may not be commenced before the issuance of Building and Zoning Permit.
5. Upon approval of this application, the Codes Department will issue a Building/Zoning Permit to the applicant. Such permit and approved plans shall be kept on the premises available for inspection throughout the progress of the work.
6. No building shall be occupied or used in whole or in part for any purposed whatever, until a Certificate of Occupancy shall have been granted by the Codes Department
7. Costs for the work described in the Application for Building Permit, include the cost of all the construction and other work done in connection therewith, exclusive of the cost of the land. If final cost shall exceed estimated cost, an additional fee may be required before the issuance of a Certificate of Occupancy.
8. Any deviation from the approved plans must be authorized, by the approval of revised plans, subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the variation from the original plans.

PLOT DIAGRAM

Locate clearly and distinctly all building whether existing or proposed, and indicate all set back dimensions from the property lines. Give lot and block numbers or description according to deed, and show all easements and street name. Indicate whether interior or corner lot, supply an approved plot plan showing ALL the above requirements. NOTE: TO PREVENT ANY DRAINAGE PROBLEM, SHOW ELEVATIONS, GRADING, SWALES, ETC.



Elevations of finished grades in relation to crown of road.

- A. _____
- B. _____
- C. _____
- D. _____

Ground Floor _____
 Remarks _____

NOTE: If this is a vacant lot, print in the dimensions of new building. If there is an existing building and a proposed addition, print in dimensions and show addition.

_____ STREET _____

City of Oneida
BUILDING PERMIT INFORMATION
Please READ, SIGN and DATE on Page 3

- 1) The proposed construction is to be completed before the building permit expires. The building permit is good for six (6) months.
- 2) Extensions of up to six (6) months will be granted only if the project is of an unusually large nature or if circumstances occurred that make the completion of the job impossible within the six month (6) time frame.
- 3) Failure to complete and have all phases of the project inspected within the six (6) month time frame would require that court action be initiated by this office.
- 4) The following inspections are required. It is the responsibility of the owner and the contractors to call this office to arrange an inspection. A twenty-four (24) hour, one business day, advance notice shall be given: A) footer – before pouring concrete; B) foundation – before backfilling; C) rough framing – before covering; D) insulation – before covering; E) plumbing – before covering and final; F) electrical – before covering and final; G) heating – before covering; H) Final Inspection – Certificate of Occupancy. *Note: Failure to have required items inspected may result in the inspectors request to have covering removed to allow for proper inspection.*
- 5) A Certificate of Occupancy cannot be issued unless the various inspections have been made. Without a Certificate of Occupancy, the construction cannot be legally occupied. The Certificate of Occupancy shall not be considered as certification of location of lot boundaries or property division lines. It is the owner's obligation to adhere to all code requirements and setbacks.
- 6) Electrical inspections are done by a third party (NOT the City): "Electrical Inspectors and their respective phone numbers can be obtained at the Code Enforcement Office." A rough electrical inspection and a final electrical inspection are required. This office will need to be given certification that these inspections have been made or finalized.
- 7) If work that needs to be inspected is covered before the inspector can verify it, the work will have to be exposed to facilitate the inspection. This will be done at the owner's or contractor/s expense.
- 8) Decks and porches require a final inspection only as long as structural members are visible. Footers should be down at least 48". This will prevent frost heaving. We assume no liability for footers dug less than 48" that result in the deck porch tilting, sagging, etc.
- 9) Holes for pole and trench footers must be a minimum of 48" below grade except as noted for decks and porches.
- 10) Once a construction plan is approved, changes of that plan can be made only with the approval of this office.
- 11) Please be advised, should these guidelines be violated, or should anything be done to create a hazardous or unsafe condition, we reserve the right to issue a court appearance ticket and to pursue the matter through authorized legal means. However, we hope that we can have a good working relationship with you throughout the course of construction. Please ask questions if there are concerns or doubts about any aspect of the project.

- 12) The scope of **permitted** work is limited to what was described on the permit application. Any additional work **must be approved before** it can be undertaken.
- 13) All new work is to be on in conformance with the provisions of the New York State Uniform Fire Prevention and Building Code.
- 14) **LATE FEES WERE ESTABLISHED AND ADOPTED BY THE CITY OF ONEIDA COMMON COUNCIL AS FOLLOWS:**

REGULATIONS & LATE CHARGE FEE SCHEDULE
Adopted by Common Council 12/4/12 Resolution 12-319

Obtaining the proper permits shall be the sole responsibility of the property owner or general or primary contractor and are required before beginning any work.

Permits are required for:

- All new construction
- Alterations to existing structures
- Additions to existing structures
- Conversions of existing structures
- Installation of any chimney, fuel or gas vent, in any existing structure and wood boilers
- Installing or removing bulk storage tanks, above and below ground
- Sewer/Septic
- Demolition of existing structures
- All fire safety equipment
- Extension of electrical systems
- Area Variances, Use Variances, Site Plans, and Zone Changes
- Conditional Use Permits
- Signs

The City of Oneida Code Enforcement Office administers and enforces all of the provisions of laws, ordinances and regulations applicable to the construction, alteration, repair, removal and demolition of buildings and structures, and the installation and use of materials and equipment therein, and the location, use, occupancy and maintenance thereof. The Enforcement Officer receives and reviews all applications for permits for the erection, alteration, removal and demolition of buildings or structures. The Code's office also makes site inspections to make sure applicants comply with City, State and Federal building codes. All permits shall be valid for six-months.

If a site shows non-compliance, a "Stop Work Order" will be issued until the applicant obtains the proper permit, pays the applicable permit fee and late charge fees and/or brings the work "back to code."

The permits, upon completion of the paperwork with the Codes Enforcement officer, shall be paid for at the City Clerk's office and the permit will be issued for display at the construction location.

LATE CHARGE FEE SCHEDULE
Effective January 1, 2013

Failure to obtain a proper permit will result in the following late charge fees added to the cost of the permit:

1. **Failure to obtain a permit minimum late charge fee shall be \$100.00 for permits up to \$50.00.**
2. **Failure to obtain permit for any permits over \$50.01, the late charge fee shall DOUBLE the amount of the permit.**
3. **Failure to pick up and pay for permit within 10 days after issuance, a late charge fee of \$100.00 will be assessed.**

Above Late Charge Fees Adopted by Common Council 12/4/12 Resolution 12-319
EFFECTIVE JANUARY 1, 2013.

Thank you for your cooperation.

Date: _____ Owner's Signature: _____

Date: _____ Contractor's Signature: _____

**CITY OF ONEIDA
DEPARTMENT OF CODE ENFORCEMENT**

PATRICK J. BARON
Code Enforcement Officer
City Building Inspector



109 North Main Street
Oneida, New York 13421
Tel.: 315-363-8460
Fax: 315-363-9558
pjbaron@oneidacity.com

Date: _____

Permit No. _____ Expiration Date: _____

THIS NOTICE MUST BE PROMINENTLY DISPLAYED ON THE PREMISES TO WHICH IT PERTAINS

BUILDING PERMIT INSPECTION SCHEDULE

Issued to: _____

Permitting: _____

At: _____

All work shall be executed in strict compliance with the permit application, approved plans, the Uniform Fire Prevention Code, and all other laws, rules and regulations which apply. The building permit does not constitute authority to build in violation of any federal, state or local law or other rule or regulation.

Special Notes (if any): ALL NEW ELECTRICAL INSTALLATIONS OR UPGRADES SHALL BE INSPECTED AND A FINAL ELECTRICAL CERTIFICATE SHALL BE SUBMITTED TO THE CODE ENFORCEMENT OFFICE PRIOR TO ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

DO NOT PROCEED BEYOND THESE POINTS UNTIL COUNTERSIGNED BELOW BY THE INSPECTOR

	<i>Initial</i>	<i>Date</i>		<i>Initial</i>	<i>Date</i>
Footer before pouring concrete:	_____	___/___/___	Foundation before backfill	_____	___/___/___
Framing before enclosing:	_____	___/___/___	Electrical before enclosing	_____	___/___/___
Plumbing before enclosing:	_____	___/___/___	Electrical, heating, air-conditioning before enclosing:	_____	___/___/___
Insulation inspection	_____	___/___/___	FINAL INSPECTION:	_____	___/___/___

PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE WORK AS SET FORTH IN THE PLANS AND SPECS ON FILE IN THE CITY OF ONEIDA CODES OFFICE. ANY AMENDMENTS MADE TO THE ORIGINAL PLANS AND SPECS MUST BE FIRST SUBMITTED TO THE OFFICE FOR APPROVAL.

THIS NOTICE MUST BE PROMINENTLY POSTED.

<p>DIG SAFELY NEW YORK 800-962-7962 www.digsafelyny.com</p>
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BUILDING PERMIT WORK DESCRIPTION

Property Address: _____

Owner Contractor: _____

Explain Work Being Done: _____

Footing Size: _____

Foundation: _____

Floor Framing: _____

Wall Framing: _____

Ceiling/Roof Framing: _____

Wall Sheathing: _____

Roof Sheathing: _____

Insulation: Foundation _____ Floor _____ Wall _____ Ceiling _____

of Windows: _____ Size _____ Header _____

of Doors: _____ Size _____ Header _____

Roof Finish: _____

Exterior Finish: _____

Trim Finish: _____

Electrical: _____ Contractor: _____

Plumbing: _____ Contractor: _____

Smoke Detector: _____

Fire Separation: _____

Type of Heat: _____ Fireplace/Woodstove: _____

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**NOTICE OF UTILIZATION OF TRUSS TYPE CONSTRUCTION, PRE-ENGINEERED
WOOD CONSTRUCTION AND/OR TIMBER CONSTRUCTION**

To: City of Oneida, Code Enforcement Officer

From: _____

Subject Property: _____

Tax Map: _____

Please take notice that the (check applicable line):

- NEW RESIDENTIAL STRUCTURE
- ADDITION TO EXISTING RESIDENTIAL STRUCTURE

To be constructed or performed at the subject property reference above will utilize (check applicable line):

- TRUSS TYPE CONSTRUCTION (TT)
- PRE-ENGINEERED WOOD CONSTRUCTION (PW)
- TIMBER CONSTRUCTION (TC)

In the following location(s) (check the applicable line):

- FLOOR FRAMING, INCLUDING GIRDERS AND BEAMS (F)
- ROOF FRAMING
- FLOOR FRAMING AND ROOF FRAMING (FR)

Date: _____

Name (print): _____

Signature: _____

Owner Owner's Representative

FEE \$50.00

CITY OF ONEIDA
DEPARTMENT OF CODE ENFORCEMENT

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APPLICATION FOR CERTIFICATE OF OCCUPANCY

I, _____ request an inspection of
_____, Oneida NY 13421 for the
purpose of the issuance of a CERTIFICATE OF OCCUPANCY.

Phone Number

Signature

***NOTE:** Upon completion of your project, please submit this form to the
Codes Enforcement Officer.

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.



**Department of
Environmental
Conservation**

Stormwater Permit for Construction Activity

Before commencing construction activity, the owner or operator of a construction project that will involve soil disturbance of one or more acres must obtain coverage under the State Pollutant Discharge Elimination System (SPDES) General Permit for Stormwater Discharges fr

In the New York City East requirement also applies to disturbing more than 5,000 land. Some exceptions to t agricultural projects, certain routine maintenance activiti

- Permit
- State Historic Preser
- Oil and Gas Well Drill
- Forms
- Supplemental Docum
- Steps to Authorization

*Double side
following
pages*



ction project involving soil disturbance

Permit

SPDES General Permit for Stormwater Discharges from Construction Activity - GP-0-15-002 (PDF) (1468 KB). This permit was issued in January 2015 and was effective on January 29, 2015.

State Historic Preservation Act (SHPA) Eligibility - GP-0-15-002

The Department and NYS Office of Parks, Recreation and Historic Preservation (OPRHP) have developed a process that an owner/operator of construction project shall use to identify and address potential impacts on archeological and historic resources. This process is documented in a Letter of Resolution (LOR) that was developed between the Department and OPRHP.

Construction activities that have the potential to affect historic and/or archeological resources would not be eligible for coverage under the general permit unless the screening and consultation process specified in the LOR has been completed and the required documentation demonstrating that potential impacts have been avoided or mitigated is obtained and maintained on site as required by the general permit (see Part I.F.8.). This documentation must be in place in order to complete and submit the NOI. Owners or operators should refer to the following documents for guidance on addressing this eligibility provision.

Letter of Resolution (LOR) (PDF) (357 KB) including the following

- Procedures

- Project exclusions Under 9 NYCRR Sections 428.12/428.13
- SHPA Review (OPRHP/DEC) request form (PDF) (1.95 MB)

Cultural Resource Screening Process Flow Chart (PDF) (139 KB)

Resolution of Potential Cultural Impacts Flow Chart (PDF) (129 KB)

Oil and Gas Well Drilling Activities

Construction Stormwater General Permit requirements for Well Drilling Activities (PDF) (34 KB) that are consistent with the 1992 Generic Environmental Impact Statement (1992 GEIS) for Oil and Gas Well Drilling.

Forms

The Notice of Intent for Construction Activity can now be completed online through the NYSDEC eBusiness Forms Portal. **Users must be registered with NY.gov in order to use this system.** User guides and help on registering for the portal are available below and on the portal information webpage.

The following forms are needed to comply with the requirements of the General Permit for Stormwater Discharges from Construction Activity - GP-0-15-002:

- The Notice of Intent is a request for coverage under the SPDES General Permit for Stormwater Discharges from Construction Activities (Modified October 2013).
 - Online eNOI - click the "Online Forms Login" button on the right of the page.
 - eNOI Questions & Answers (PDF) (66 KB) - Q&A for many common questions on the electronic Notice of Intent
 - eNOI PowerPoint presentation (PDF) (1.7 MB) - Slides, with notes, on how to fill out the eNOI. [September, 2014]
 - Paper Notice of Intent (PDF) (282 KB)



Click for online forms

- Notice of Termination (PDF) (40 KB) for Construction Activities dated January, 2015
When a construction project is complete and has met the requirements of the construction permit, a Notice of Termination (NOT) form should be completed and submitted to the Department.
- MS4 SWPPP Acceptance Form (PDF) (44 KB) dated January, 2015
This form is used by a regulated, traditional land use control Municipal Separate Storm Sewer System (MS4) (e.g. town, city or village) to indicate acceptance of a SWPPP it has reviewed. To find out how to determine whether a project is subject to MS4 regulation, see the section on Projects subject to MS4 regulation below.
- SWPPP Preparer Certification (PDF) (505 KB) dated June, 2015
This form is to be used as part of the "Required SWPPP Components" section when preparing & submitting the eNOI. **This form is not to be used when submitting the *paper version* of the NOI.**
- Owner/Operator Certification (PDF) (52 KB)
This form is to be used as part of the "Owner/Operator Certification" section when preparing & submitting the eNOI. **This form is not to be used when submitting the *paper version* of the NOI.**

Supplemental Documents

- Construction Stormwater Permit Fact Sheet - GP-0-15-002 (PDF) - January 2015 (52 KB)
This document describes how GP-0-15-002 differs from the preceding general permit.
- Construction Stormwater Responsiveness Summary - GP-0-15-002 (PDF) (306 KB)
This document includes the Department's responses to comments received during the public comment period on the draft Construction General Permit. (GP-0-15-002).
- New York State Stormwater Management Design Manual 2015 Update Transition Policy (PDF) (124 KB)

Steps to Authorization

In order to gain coverage under the SPDES General Permit for Stormwater Discharges from Construction Activity, an owner or operator must:

- Develop a Stormwater Pollution Prevention Plan (SWPPP) in accordance with the requirements in the General Permit for Stormwater Discharges from Construction Activity.
- Submit a completed Notice of Intent (NOI) (PDF) (147 KB) to the Department.
- Projects subject to MS4 regulation must submit a signed MS4 SWPPP Acceptance Form (PDF) (44 KB) along with their NOI. With some exceptions, an owner or operator of a construction project within the boundaries of an MS4 is required to have their SWPPP reviewed and accepted by the MS4 prior to submitting their NOI to the Department. Consult the Stormwater Interactive Map to determine whether your project is within an MS4. The map displays the automatically and additionally designated MS4 areas (regulated area). Some MS4s have extended their jurisdiction for SWPPP review to the municipal boundary; therefore, even if your project is located outside an MS4 regulated area, you should contact the municipal office to find out whether you need to submit your SWPPP for approval.

**STATE & MUNICIPAL
AGENCY
REQUIREMENTS
UNDER
GENERAL MUNICIPAL LAW §125,
& WCL §57 & §220
FOR
WORKERS' COMPENSATION
AND
DISABILITY BENEFITS**

Please call Steve Carbone at (518) 486-6307 or e-mail Steve at steve.carbone@wcb.state.ny.us if you have any questions.

Letter from the Chair of the Workers' Compensation Board

October 27, 2008

Dear Government Official:

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and 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.

An instruction manual that will further clarify the requirements, including instructions for a new CE-200 exemption form that becomes effective on Dec. 1, 2008, is available to download at the Workers' Compensation Board's website, www.wcb.state.ny.us. Once you are on the website, click on *Employers/Businesses*, then *Business Permits/Licenses/Contracts*; from there, click on *Instruction Manual for Businesses Obtaining Permits/Licenses/Contracts*.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them. I encourage you to obtain one for your records.

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

Ensuring that businesses receiving permits, licenses or contracts from municipal and state agencies comply with the WCL protects both injured workers and employers. In addition, such oversight helps to level the playing field, by strictly enforcing the requirement that all businesses maintain mandatory insurance coverage. Municipal and state agency cooperation is a critical component of encouraging business compliance.

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

Form WC/DB-100 Will Be Retired

Form WC/DB-100, currently used to demonstrate exemption from workers' compensation and/or disability benefits insurance, will be retired on Dec. 1, 2008. Accordingly, a WC/DB-100 stamped prior to Dec. 1, 2008 cannot be used as proof of exemption for new or renewed permits, licenses or contracts issued by government agencies after that date. Instead, Form CE-200, which replaces Form WC/DB-100, must be used for applicants seeking exemptions starting on Dec. 1, 2008.

New Form CE-200

Form CE-200 reflects a new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were valid for multiple permits, licenses or contracts where the applicant applied, had to be notarized, and had to be stamped by the New York State Workers' Compensation Board.

Effective Dec. 1, 2008, this process will change. **Exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized, nor do they have to be stamped by the NYS Workers' Compensation Board. (Government agencies may continue to use insurance and self-insurance certificates for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting Dec. 1, 2008, only 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. 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 by checking on the Board's website.

The majority of these forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, print out a copy of the CE-200 that they will then submit. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board District 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.

Please see page 12 of the instruction manual for a description of the process related to the CE-200. A sample copy of the new Form CE-200 is enclosed.

Other Important Highlights

Form BP-1 is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process. The instruction manual will identify where applicants may obtain the other forms used to enforce these sections of the Workers' Compensation Law. 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.

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 Steve Carbone of the NYS Workers' Compensation Board, Bureau of Compliance at (518) 486-6307.

Thank you for your continued support of the Board.

Sincerely,

Chair, NYS Workers' Compensation Board

December 1, 2008

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 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;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." 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) **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) **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 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;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." 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) **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).

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, www.wcb.state.ny.us, under the heading "Forms.")

WORKERS' COMPENSATION LAW

§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.

WORKERS' COMPENSATION LAW (Disability Benefits)

§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

To be considered an independent contractor, and thus not an employee, an individual must meet and maintain **All ten** of the following conditions:

1. Obtain a Federal Employer Identification Number from the Federal Internal Revenue Service (IRS) or have filed business or self-employment income tax returns with the IRS based on work or service performed the previous calendar year;
2. Maintain a separate business establishment from the hiring business;
3. Perform work that is different than the primary work of the hiring business and perform work for other businesses;
4. Operate under a **specific** contract, and is responsible for satisfactory performance of work and is subject to profit or loss in performing the specific work under such contract, and be in a position to succeed or fail if the business's expenses exceed income.
5. Obtain a liability insurance policy (and if appropriate, workers' compensation and disability benefits insurance policies) under its own legal business name and federal employer identification number;
6. Have recurring business liabilities and obligations;
7. If it has business cards or advertises, the materials must publicize itself, not another entity;
8. Provide all equipment and materials necessary to fulfill the contract;
9. Control the time and manner in which the work is to be done; and
- 10. The individual works under his/her own operating permit, contract or authority.**

Special Note for the Trucking Industry: To be considered an independent contractor, drivers must also be transporting goods under their own bill of lading and under their own Department of Transportation Number.

When Coverage Can or Cannot be Required: A business cannot require employees working for that business to obtain their own workers' compensation insurance policy or contribute towards a workers' compensation insurance policy (WCL §31, 32 and 32-a). Independent contractors may be required to maintain their own workers' compensation insurance policy if they intend to work for other businesses. For proper risk management and to ensure that its insurance premiums are as low as possible, a business that hires independent contractors should require those independent contractors to provide proof of their own workers' compensation insurance policies prior to commencing work (See C-105.2, U-26.3, GSI-105.2 and SI-12).

Therefore, a business may require an independent business that has its own employees to obtain a workers' compensation insurance policy if the independent business is working as a subcontractor. (An independent business usually has characteristics such as media advertising, commercial telephone listing, business cards, business stationary or forms, its own Federal Employer Identification Number (FEIN), working under its own permits or operating authority, business insurance (liability & WC), and/or maintaining a separate establishment. The independent business has a significant investment in facilities and means of performing work.)

For example, if Business A contracts with Business B to perform services and Business B is an independent business with its own employees, Business A can require Business B to have its own workers' compensation insurance policy and obtain a certificate of insurance for this policy. This will help ensure that Business A's workers' compensation premiums are as low as possible and shield business A from liability under the Workers' Compensation Law.

Disclaimer: The preceding was solely provided for informational purposes. Only the Board, in its adjudicatory function, is authorized to determine entitlement to benefits based on the specific facts of a case and its application of the Law.

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STATE &
MUNICIPAL
AGENCY
COMPLIANCE
WITH
WCL §57

December 1, 2008

STATE & MUNICIPAL AGENCY COMPLIANCE WITH §57 WCL

Table of Contents

Overview of Section 57 and Workers' Compensation Insurance Coverage Requirements.....	Page 11
How to request Compliance forms.....	Page 11
Revised Form CE-200 (12/08) Instructions.....	Page 12
Sample Form CE-200 (12/08) -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Page 13
Sample Form C-105.2 (9/07) -- Certificate of New York State Workers' Compensation Insurance.....	Page 15
Sample Form U-26.3 -- State Insurance Fund version of New York State Certificate of Workers' Compensation Insurance.....	Page 17
Sample Form SI-12 -- Certificate of Workers' Compensation Self-Insurance	Page 18
Sample Form GSI-105.2 -- Certificate of Workers' Compensation Group Self-Insurance	Page 19
Liabilities and Penalties for Noncompliance.....	Page 20

Section 57 -- Restriction on Issue of Permits and the Entering of Contracts Unless Compensation Is Secured

Section 57 of the Workers' Compensation Law ("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.

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 or 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;

Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." 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) C-105.2 (9/07) -- 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) 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 (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

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

Government Officials Local Contacts with the NYS Workers' Compensation Board

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 Bureau of Compliance at (518) 486-6307 with any general questions regarding Section 57 of the Workers' Compensation Law.

Form CE-200 (12/08)

Effective December 1, 2008, please use the following revised Form CE-200 as part of the enforcement of Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law (Form CE-200 replaces the old forms WC/DB-100, WC-DB-101 and C-105.21.):

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

This certificate 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 and give it to the **government entity** issuing the permit, license or contract.

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.

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were: 1) valid for multiple permits, licenses or contracts for which the applicant applied, 2) had to be notarized, and 3) had to be stamped by the New York State Workers' Compensation Board.

Effective December 1, 2008, this process radically changes. **Exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting December 1, 2008, ONLY 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 the legal entity name on Form CE-200 exactly matches the legal entity name applying for the permit, license or contract that you are issuing. Please also ensure that Form CE-200 is signed and dated by the applicant.

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 by checking on the Board's website at www.wcb.state.ny.us.

The applicant is attesting under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Accordingly, please 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.

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 having 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 will also be 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 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 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. 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, under the heading "Forms."



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

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.

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

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</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>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>3c. Policy effective period</p> <p>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> included or certain partners/officers excluded.</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 get 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 certify 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 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.

Workers' Compensation Law

Section 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.

SAMPLE



New York State Insurance Fund

Workers Compensation & Disability Benefits Specialists Since 1914

100 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (212) 587-8876

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICYHOLDER		CERTIFICATE HOLDER	
POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1195 111-B UNTIL 04/16/2004, 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 OR AMENDED 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 ADDRESSED TO SAID POLICYHOLDER 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 BUILDING DEMOLITION.

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.

THIS POLICY IS CANCELLED EFFECTIVE

SAMPLE

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITER

This certificate can be validated on our web site at <https://www.nyisf.com/cert/certval.asp>

VALIDATION NUMBER: 37185



JEFFREY R. SWEET
ACTING CHAIRMAN

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

THIS AGENCY EMPLOYEES AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

Office of the Secretary

I, _____, Secretary to the Workers' Compensation Board of the State of New York

DO HEREBY CERTIFY, that _____ secured compensation
to its employees as a self-insurer in the following manner:

- _____ Pursuant to Section 50, subdivision 3 of the Workers' Compensation Law.
- _____ Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law.
(County, city, village, town, school district, fire district or other political subdivision)
- _____ Pursuant to Article 5 of the Workers' Compensation Law. (County Self-Insurance Plan)

The status of self-insurer was established on _____ of _____ and such status still remains in full force.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the Workers' Compensation
Board this _____ day of _____ 20__

STATUS CONFIDENTIAL

by _____

Secretary to the Board

SI-12 (10-03)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION GROUP SELF-INSURANCE

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

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 "2a" 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 no longer valid 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-1052 (2-02)

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 5 employees -- punishable by a fine of not less than \$5,000 nor more than \$50,000 in addition to all other penalties. Subsequent violations of the Law 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 defend against 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

December 1, 2008

STATE & MUNICIPAL AGENCY COMPLIANCE WITH §125 GENERAL MUNICIPAL LAW

Table of Contents

Overview of General Municipal Law Section 125	
Insurance Coverage Requirements.....	Page 23
Sample Form <u>BP-1</u> -- Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence.....	Page 25



DAVID A. PATERSON
GOVERNOR

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



ZACHARY S. WEISS
CHAIR

December 1, 2008

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, 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.}

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.

- 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.

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, 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.

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

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.

BP-1 (9-07)

NY-WCB

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.

STATE &
MUNICIPAL
AGENCY
COMPLIANCE
WITH
WCL §220 (8)
Disability
Benefits

December 1, 2008

STATE & MUNICIPAL AGENCY COMPLIANCE WITH WCL §220(8)

Table of Contents

Overview of Section 220 and Disability Benefits Insurance Coverage Requirements.....	Page 29
How to request Compliance forms.....	Page 29
Revised Form CE-200 (12/08) Instructions.....	Page 30
Sample Form CE-200 (12/08) -- Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage	Page 31
Sample Form DB-120.1 -- Certificate of Disability Benefits Insurance.....	Page 33
Sample Form DB-155 -- Certificate of Disability Benefits Self-Insurance.....	Page 35

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.

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;

*Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." 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) 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).

Government Officials Local Contacts with the NYS Workers' Compensation Board

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 Bureau of Compliance at (518) 486-6307 with any general questions regarding WCL Section 220 (8) regarding disability benefits.

Form CE-200 (12/08)

Effective December 1, 2008, please use the following revised Form CE-200 as part of the enforcement of Section 57 and Section 220 of the New York State Workers' Compensation Law and Section 125 of the General Municipal Law (Form CE-200 replaces the old forms WC/DB-100, WC-DB-101 and C-105.21.):

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

This certificate 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 and give it to the **government entity** issuing the permit, license or contract.

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.

Form CE-200 reflects a totally new process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements. Historically, the WC/DB-100 exemption forms were: 1) valid for multiple permits, licenses or contracts for which the applicant applied, 2) had to be notarized, and 3) had to be stamped by the New York State Workers' Compensation Board.

Effective December 1, 2008, this process radically changes. **Exemptions** will no longer be valid for multiple permits, licenses or contracts for which the applicant applied. Further, exemptions no longer have to be notarized; nor do they have to be stamped by the NYS Workers' Compensation Board. (Please note that **government agencies may continue to use insurance and Self-Insurance certificates** for multiple permits, licenses or contracts issued to a specific legal entity during the coverage period listed on insurance/self-insurance related certificates).

Starting December 1, 2008, ONLY 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 the legal entity name on Form CE-200 exactly matches the legal entity name applying for the permit, license or contract that you are issuing. Please also ensure that Form CE-200 is signed and dated by the applicant.

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 by checking on the Board's website at www.wcb.state.ny.us.

The applicant is attesting under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

Accordingly, please 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.

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 having 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 will also be 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 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 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. 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, under the heading "Forms."



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

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.

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

CE-200 (Draft 04/22/08)

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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 Employer Insurance Employer Registration
Number _____
1d. Annual Employer Identification Number of Insured or
Social Security Number _____

2. Name and Address of the Entity Requesting Proof of
Coverage (Entity Being Listed as the Certificate Holder) _____
3a. Name of Insurance Carrier _____
3b. Policy Number of Certificate Listed in "1a": _____
3c. Policy effective period: _____ to _____

4. Policy covers _____ of the employee employed 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 Law coverage as described above.

Date Signed _____ By _____
(Signature of Insurance Carrier, 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 ready to be filed with the Workers' Compensation Board.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 6 of the Disability Benefits Law. It must be mailed
for completion to the Workers' Compensation Board, Plans and 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.*

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". *This Certificate 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".*

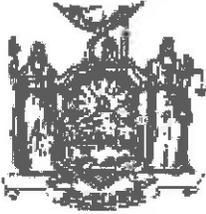
Please Note: Upon the cancellation of the disability benefits policy included on this form, the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or officer 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 not withstanding any general, special, state, county or authorizing the issue of such permits, shall not issue such permit unless a certificate of 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 of such state or municipal department, board, commission or officer to pay any disability benefits to any employee if so employed.

(b) The head of a state or municipal department, board, commission or officer 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 not withstanding any general or special statute authorizing or authorizing any such contract, shall not enter into any such contract unless a certificate of 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.



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
 SELF-INSURANCE OFFICE
 30 PARK STREET - ROOM 201
 ALBANY, NY 12207

THIS AGENCY EMPLOYS AND SERVES
 PEOPLE WITH DISABILITIES WITHOUT
 DISCRIMINATION.

ROBERT R. SMASHALL
 CHAIRMAN

COMPLIANCE WITH DISABILITY BENEFITS LAW
(Part of Section 220, subd. 3 of the Labor Law)

EMPLOYER	EMPLOYEE REGISTRATION NUMBER
ADDRESS (HOME OR MAIN OFFICE)	LOCATION OF OPERATION
ADDRESS (HOME OR MAIN OFFICE)	REGISTRATION TO WHICH BELONGS

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 appropriate insurance pursuant to Sec. 211, subd. 3 of the Disability Benefits Law.
- _____ By a combination of approved self-insurance pursuant to Sec. 211, subd. 3 of the Disability Benefits Law and insurance with approved insurance carrier(s).

Date: _____ By _____
 Title: W.C. Examiner

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PRESENTATION OVERVIEW



WORKERS' COMPENSATION LAW -- SECTIONS 57 AND 220 (8)

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 municipal or State employees have to check on this insurance coverage

- ◆ WCL §57 & §220 (8) requirement
- ◆ Part of public protection responsibilities

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

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

5. How municipal or State employees check on this insurance coverage

(Please note: businesses must supply appropriate form(s) once per year)

- 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, 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.

6. Out-of-state employers need specific NYS workers' compensation coverage if they have any employees working in New York State.

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. General Contractors/Subcontractors

- ◆ 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, (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.

9. What is a municipal or State employee's personal liability if he/she forgets to get proof of these coverages?

- ◆ 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.

Disclaimer: The preceding was solely provided for informational purposes. Only the Board, in its adjudicatory function, is authorized to determine entitlement to benefits based on the specific facts of a case and its application of the Law.

December 1, 2008