



**BUILDING DEPARTMENT**

inc. Village of Sag Harbor  
55 Main St., P.O. Box 660  
Sag Harbor, N.Y. 11963  
buildingdept@sagharborNY.gov  
www.sagharborny.gov  
631-725-0224  
631-725-4852 FAX

## REQUIREMENTS FOR WORKERS' COMPENSATION

The Building Department is responsible for ensuring that businesses applying for permits have appropriate workers' compensation and disability benefits insurance coverage.

We are not responsible for ensuring that contractors have liability insurance. The licensing agency that issues the contractor their license requires liability insurance as a condition of licensing.

ACORD forms are not accepted, nor are they required in any instance. Please do not furnish the Building Department with an Acord form.

The only time an exemption certificate is accepted from a contractor is when that contractor is performing all of the work himself.

For example, a self-employed contractor may furnish a certificate of exemption for a permit to construct a deck on a residence, provided he is performing all the work himself.

A contractor cannot furnish an exemption certificate for a project during which he will utilize sub-contractors or employees. As some types of work cannot be performed by a contractor that is not licensed in that trade (ie plumbing or electrical work), the Building Department will not accept an exemption certificate from a contractor when the project involves work the contractor is not licensed to perform.

The only acceptable forms for submitting proof of workers' compensation are forms C-105.2, U-26.3, SI-12 or CE-200.

Certificates of Workers' Compensation shall have the correct name and mailing address for the certificate holder. The Building Department will not accept certificates that have another municipalities name on it, that do not have our proper mailing address on it (P.O. Box 660 is the proper mailing address, NOT 55 Main St.) or certificates that are expired.

You are required to furnish a new certificate with EACH application. The Building Department will not use certificates on file for other projects.

If you have any questions regarding workers' compensation requirements, please contact Mr. Steven Carbone of the New York State Workers' Compensation Board at 518-486-6307.

# EXAMPLE OF AN ACCEPTABLE FORM

**NEW YORK STATE INSURANCE FUND**  
8 CORPORATE CENTER DR, 3RD FLR, MELVILLE, NEW YORK 11747-3129  
(631) 756-4300  
**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

VILG OF SAG HARBOR/ BLDG DEPT ~~\_\_\_\_\_~~ CORRECT MUNICIPALITY  
RE: 36 BRANDYWINE DRIVE ~~\_\_\_\_\_~~ JOB REFERENCE  
P.O. BOX 660 ~~\_\_\_\_\_~~ CORRECT MAILING ADDRESS  
SAG HARBOR NY 11963

POLICY NUMBER SAMPLE
DATE 10/07/2009
CERTIFICATE NUMBER SAMPLE

# EXAMPLE OF AN UNACCEPTABLE FORM



**New York State Insurance Fund**

*Workers' Compensation & Disability Benefits Specialists Since 1914*

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (888) 997-3863

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

<b>POLICYHOLDER</b>  INVALID MAILING ADDRESS <del>_____</del> NO JOB REFERENCE	<b>CERTIFICATE HOLDER</b> VILLAGE OF SAG HARBOR MAIN STREET SAG HARBOR NY 11963
---	--

<b>POLICY NUMBER</b> SAMPLE	<b>CERTIFICATE NUMBER</b> SAMPLE	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 07/01/2008 TO 07/01/2010	<b>DATE</b> 7/15/2008
--------------------------------	-------------------------------------	---	--------------------------

# ACORD FORMS ARE NOT ACCEPTED

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>	
PRODUCER  IF IT SAYS "ACORD" IT'S NOT ACCEPTED	THIS CERTIFICATE IS ISSUED AS ONLY AND CONFERS NO RIGHTS HOLDER. THIS CERTIFICATE DOES NOT ALTER THE COVERAGE AFFORDED BY THE POLICY.  INSURERS AFFORDING COVERAGE: INSURER A: <u>Interstate Fire and Marine Insurance Co.</u> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____

## PROPER EXEMPTION CERTIFICATE



### 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.

In the Application of (Legal Entity Name and Address):  <p style="text-align: center; font-size: 2em;">SAMPLE</p>	Business Applying For: Building Permit  From: <u>VILLAGE OF SAG HARBOR, NY</u>  The location of where work will be performed is <u>MAIN STREET, SAG HARBOR, NY 11963.</u>  Estimated dates necessary to complete work associated with the building permit are from <u>May 1, 2009 to October 1, 2009.</u> The estimated dollar amount of project is <u>\$50,001 - \$100,000</u>
--	--

<b>Workers' Compensation Exemption Statement:</b>	
The above named business is certifying that it is <b>NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE</b> for the following reason: The business is a (two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.	
Corporate Officers:	NO SUBCONTRACTORS MEANS YOU MUST PERFORM ALL OF THE WORK -YOU CAN'T HIRE SOMEBODY TO POUR A FOUNDATION -YOU CAN'T HIRE AN ELECTRICIAN -YOU CAN'T HIRE A PLUMBER

DON'T FORGET TO SIGN AND DATE THE CE-200



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](http://www.wcb.state.ny.us), under the heading "Forms." Paper applications for this form are available by writing or visiting any Customer Service Center at any District Office of the Workers' Compensation Board.}

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!)**