CITY OF WHITE PLAINS

DEPARTMENT OF BUILDING

70 Church Street, White Plains, New York 10601

Phone: (914) 422 - 1269 * Fax: (914) 422 - 1471

http://www.cityofwhiteplains.com/

Print Form

INSURANCE COMPLIANCE

APPLICATION WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE OF INSURANCE!

CERTIFICATE IS TO BE MADE OUT TO THE CITY OF WHITE PLAINS, 255 Main Street, White Plains, NY 10601. LIABILITY POLICY SHALL INCLUDE THE CITY OF WHITE PLAINS AS ADDITIONAL INSURED AND ALL POLICIES SHALL PROVIDE 30 DAYS NOTICE TO THE CITY OF WHITE PLAINS PRIOR TO CHANGE OR CANCELLATION

Please submit the following information on a Certificate of Insurance form from your insurance company at the time of submitting application:

Contractor's Applications - (With employees).

A)---------- GENERAL LIABILITY $1,000,000 coverage each occurrence

B)---------- AUTOMOTIVE LIABILITY $1,000,000 coverage

C)---------- WORKER'S COMPENSATION STATUTORY (Acord Form **not** acceptable)*

D)---------- N.Y. STATE DISABILITY STATUTORY (Acord Form **not** acceptable)*

CONTRACTORS WITH **NO** EMPLOYEES SHALL PROVIDE ITEMS A. & B. PER ABOVE REQUIREMENTS AND A APPROVED NYS WORKER'S COMPENSATION BOARD FORM #CE-200(12-08). CONTRACTOR UNDERSTANDS THAT PERMIT MAY NOT BE ISSUED IF FORM IS NOT SUBMITTED TO BUILDING DEPARTMENT.

Homeowner's Applications - All work to be performed by homeowner with no employees.

1. Homeowner shall provide proof of general liability insurance of $500,000 per occurrence.
2. Homeowner shall submit a completed NYS Workers' Compensation Board form #BP-1(9-07).*
   (One completed #BP-1(9-07) satisfies both Workers' Compensation & Disability requirements.)

*NOTE: Effective 12/01/08 only the following completed forms approved by the State of New York Workers' Compensation Board shall be accepted by the City of White Plains Building Department as proof of insurance compliance.

WORKERS' COMPENSATION- #CE-200 (12-08) ; #C-105.2 or U-26.3; #SI-12
DISABILITY REQUIREMENTS -#CE-200(12-08) ; #DB-120.1 ; #DB-155

Any questions relating to these forms should be directed to the Board's Bureau of Compliance at 866-298-7830 or go to their Official Website: www.wcb.ny.gov

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

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 7, 2008
NYS Workers' Compensation Board

Sample