



New York State Department of Labor

Division of Safety and Health
Gov. W. Averell Harriman State
Office Building Campus
Albany, NY 12240

Required Insurance

The *only* forms which are accepted as proof of **Workers' Compensation Insurance** are as follows:

<i>Form #</i>	<i>Form Title</i>
C-105.2	Certificate of Workers' Compensation Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)
U-26.3	State Insurance Fund Version of the C-105.2 form.
SI-12	Certificate of Workers' Compensation Self-Insurance.
GSI-12	Certificate of Group Workers' Compensation Self-Insurance.
GSI-105.2	Certificate of Participation in Workers' Compensation Group Self-Insurance

Please contact the Workers' Compensation Board Bureau of Compliance at (518) 486-6307 to request forms or ask general questions pertaining to these forms. Forms may also be obtained from their website at www.wcb.state.ny.us.

Disability Insurance is required in New York State if the applicant is a “covered employer” as defined by New York State Law. The *only* forms which are accepted as proof of **Disability Insurance** are as follows:

<i>Form #</i>	<i>Form Title</i>
DB-120.1	Certificate of Disability Benefit Insurance
DB-155	Certificate of Disability Benefit Self-Insurance
CE-200	Certificate of Attestation of Exemption – (no employees)

Please contact the Disability Benefits Bureau at (518) 474-6681 to request forms or ask general questions pertaining to these forms.

ACORD Forms are not accepted as proof of insurance coverage.

Company or Entity names must appear uniform and consistent on all forms submitted.

All insurance forms submitted must show current coverage!