



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 that are accepted as proof of **Workers' Compensation Insurance** are:

<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

For forms or general questions, contact the Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. You can print forms from their website at www.wcb.state.ny.us.

New York State requires **Disability Insurance** if you are a “covered employer” as defined by New York State Law. The *only* forms that are accepted as proof of **Disability Insurance** are:

<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)

For forms or general questions, contact the Disability Benefits Bureau at (518) 486-6307.

We do not accept ACORD Forms as proof of insurance coverage.

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

All insurance forms submitted must show current coverage!