

NOTICE REGARDING COMPLIANCE WITH WORKERS' COMPENSATION LAW AND DISABILITY BENEFITS LAW

Under Workers' Compensation Law § 57(1) and § 220(8), the Department of State must require Applicants for Certification under Article 21-B of the Executive Law to provide proof that they are in compliance with applicable workers' compensation and disability benefits insurance coverage provisions. This requirement applies to applications for initial Certification and applications for renewals of Certifications. **The certificates noted below must show the New York State Department of State, Manufactured Housing Program, One Commerce Plaza, Suite 1160, 99 Washington Ave., Albany, NY 12231 as the certificate holder.**

WORKERS' COMPENSATION INSURANCE

To comply with workers' compensation coverage provisions of the Workers' Compensation Law, an Applicant must (1) be legally exempt from the requirement to provide workers' compensation insurance coverage; OR (2) obtain such coverage from an insurance carrier; OR (3) be self-insured. To assist the Department of State in enforcing Workers' Compensation Law §57, an Applicant for initial or renewal Certification under Article 21-B of the Executive Law must provide ONE of the following forms to the Department of State:

- CE-200 — Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Benefits Insurance Coverage. (The web-based application to this form is on the Workers' Compensation Board's website <http://www.wcb.state.ny.us> (WC/DB Exemptions). Upon completion, a hard copy of the form can be printed, must be signed by the Applicant [or a representative of the Applicant] and submitted to the Department of State); OR
- C-105.2 — Certificate of Workers' Compensation Insurance (The Applicant should contact the Applicant's insurance carrier and request the carrier to send this form to the Department of State. Please Note: The State Insurance Fund provides its own version of this form, the U-26.3); OR
- SI-12 — Certificate of Workers' Compensation Self-Insurance (The Applicant should call the Workers' Compensation Board's Self- Insurance Office at 518-402-0247 to request this form); OR
- GSI-105.2 — Certificate of Group Workers' Compensation Self-Insurance (The Applicant should contact the Applicant's Group Self- Insurance Administrator and request the Administrator to send this form to the Department of State).

Please note: ACORD forms are NOT acceptable proof of New York State Workers' Compensation coverage!

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

Applicants that are unsure as to whether they are required to obtain a New York State Workers' Compensation insurance policy should call the Workers' Compensation Board's Enforcement Unit in the nearest district office:

Albany — (518) 486-3349	Manhattan — (212) 932-7576
Binghamton — (607) 721-8333	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) 423-1140
Hempstead — (516) 560-7742	

DISABILITY BENEFITS INSURANCE

To comply with disability benefits coverage provisions of the Disability Benefits Law (Article 9 of the Workers' Compensation Law), an Applicant must (1) be legally exempt from the requirement to provide disability benefits insurance coverage; OR (2) obtain such coverage from an insurance carrier; OR (3) be self-insured. To assist the Department of State in enforcing Disability Benefits Law § 220 (8), an Applicant for initial or renewal Certification under Article 21-B of the Executive Law must provide ONE of the following forms to the Department of State:

- CE-200 — Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Benefits Insurance Coverage (Additional information regarding this form is provided above); OR
- DB-120.1 — Certificate of Disability Benefits Insurance (The Applicant should contact the Applicant's insurance carrier and request the carrier to send this form to the Department of State); OR
- DB-155 — Certificate of Disability Benefits Self-Insurance (The Applicant should call the Workers' Compensation Board's Self-Insurance Office at (518) 402-0247 to request this form).

Please note: ACORD forms are NOT acceptable proof of New York State Disability Benefits coverage!

Please call the Workers' Compensation Board's Bureau of Compliance at (518) 486-6307 with any general questions regarding Disability Benefits Law § 220 (8).