## **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:

| Form #    | Form Title   |
|-----------|--|
| 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 <a href="https://www.wcb.state.ny.us">www.wcb.state.ny.us</a>.

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:

| Form #   | Form Title   |
|----------|--|
| 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!