

**Insurances Accepted for Workers Comp, Disability & Liability**

New York State law requires that an applicant for *any type of permit* must submit proof of Workers Compensation Insurance and proof of Disability Insurance. This proof must be on the following forms:

**1. For Workers Compensation, One of these forms:**

♦ **C-105.2** (This form *must* be the **9-07** version or later. Earlier versions are obsolete. The version date is at the bottom left corner of the form)

*or*

♦ **U-26.3**

*or*

♦ **SI-12** (Call the Self- Insurance Office at 518-402-0247)

**2. For Disability, One of these forms:**

♦ **DB-120.1** (This form *must* be the **5-06** version or later. Earlier versions are obsolete. The version date is at the bottom left corner of the form)

*or*

♦ **DB-155** (Call the Self-Insurance office at 518-402-0247)

**3. For Liability Insurance- Only this form:**

♦ **Accord 25 (2016/03)**

Forms may be obtained from your insurance company, the Workers Compensation Office or the Workers Compensation website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us)

\*The Certificate Holder ("Entity requesting Proof of Coverage") on the forms must list "**Town of Yorktown Building Department, 363 Underhill Avenue, Yorktown Heights, NY 10598**".

\*If you are a homeowner doing your own work on your own house, you *may* be eligible for exemption from the above requirements. Submit Exemption form #BP-1 (affidavit of Exemption AND a **CE:200**, please file as a homeowner. This is available from the Workers Compensation Board. (This form may not be used for construction of a whole house.) website: [www.businessexpress.ny.gov](http://www.businessexpress.ny.gov)

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\*If you are a business of one or two persons, with no full-time employees, and/or an out of state employer, you may be eligible for exemption from the above requirements. Please acquire the appropriate form # **CE-200**. This form may not be used for Workers Compensation if subcontractors are to be on the job. Other restrictions apply. This form may be downloaded directly from the Workers Compensation Board website. (Note: the **WCIDB-100** and **WC/DB-101** are obsolete, and may not be used.)

If you have questions regarding any of these requirements or forms, please call the local district office at (866) 746-0552 or the Bureau of Compliance at (518) 486-6307.