GENERAL CONTRACTORS

For businesses listed as the general contractor, please submit the following appropriate insurance documentation with your application:

- Liability Insurance
  - Acord Form with:
    - Valid dates
    - Certificate Holder:
      Town of Newburgh
      21 Hudson Valley Professional Plaza Newburgh, NY 12550
- Workers Compensation
  - C105.2 Form with:
    - Valid dates
    - Certificate Holder:
      Town of Newburgh
      21 Hudson Valley Professional Plaza Newburgh, NY 12550

OR

- For Workers Compensation Exemption:
  - CE-200 Form:
    - Please visit businessexpress.ny.gov
      See attached instructions.
    - Once the form is completed, you will receive an email confirming your submission, followed by a second email with your Certificate of Attestation of Exemption. (CE-200). Please print, sign and date the certificate and submit with your permit application.

HOMEOWNERS

For a homeowner listed as a general contractor for the job/project, please submit the following with your application:

- Copy of your Homeowners Insurance Policy
  - Declaration page
- CE-200 Form:
  - Please visit businessexpress.ny.gov
    See attached instructions.
  - Once the form is completed, you will receive an email confirming your submission, followed by a second email with your Certificate of Attestation of Exemption. (CE-200). Please print, sign and date the certificate and submit with your permit application.

Please Note

- The above-mentioned website is run by New York State. Questions? Call the helpline: 518-485-5000
- Each building permit application requires its own CE-200 form. You cannot use the same form for multiple permits.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Business Contact Name & Info or Insurance Company Info	
Your Insurance Company Name Address City, State, Zip Code	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED Your Business Information Here Address City, State, Zip Code	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
				123-4567890	01/01/2026	01/01/2027	PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job/ Project location

CERTIFICATE HOLDER

Town of Newburgh
21 Hudson Valley Professional Plaza
Newburgh, New York 12550

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (Use street address only)	1b. Business Telephone Number of Insured
Name of Permit Holder Street Address City, State Zip **Work Location of Insured** ***(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)***	123-456-7890 **1c. NYS Unemployment Insurance Employer Registration Number of Insured** 12345 **1d. Federal Employer Identification Number of Insured or Social Security Number** 12-3456789
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Newburgh 21 Hudson Valley Prof. Plaza Newburgh, NY 12550	**3a. Name of Insurance Carrier** ABC Insurance Company **3b. Policy Number of entity listed in box "1a"** 1234567890 **3c. Policy effective period** 07/01/2020 to 06/30/2021 **3d. The Proprietor, Partners or Executive Officers are** ☐ **included.** **(Only check box if all partners/officers included)** ☐ **all excluded or certain partners/officers excluded.**

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) ***Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.***

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Jane Doe
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: *Signature* 09/30/2016
(Signature) (Date)

Title: Title

Telephone Number of authorized representative or licensed agent of insurance carrier: 123-456-7890

Please Note: *Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are* ***NOT*** *authorized to issue it.*

Certificate of Attestation of Exemption

NEW YORK STATE | Workers' Compensation Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to **step 4** to set up your account.
   If you have a NY.gov log-in and password, go to **step 16**.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
   - First and Last Name
   - Email
   - Confirm Email
   - Preferred Username (check if username is available)
7. Select **I'm not a robot**.
   - You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
   - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
   - Do one of the following:
     - If the account(s) shown is a NY.gov Individual account, select **Continue**.
     - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
9. Verify that the account information is correct.
   - Select **Continue**.
10. An activation email will be sent.
    - If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
    - Specify three security questions.
    - Select **Continue**.
12. Create a password (must contain at least 14 characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
    - At the top of the screen select **Services**.
    - Select **Business**.
    - Select **New York Business Express**.
    - Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
    - Scroll down to Top Requests and select **Certificate of Attestation of Exemption**, or
    - Search Index A-Z for *CE-200*.
16. Under **How to Apply**:
    - Select **Apply as a Business**, or
    - Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and sign the *Certificate of Attestation of Exemption*.

Submit your *CE-200* for your license, permit or contract to the issuing Agency.

NEW YORK STATE | Workers' Compensation Board

IMPORTANT: PRINT FINAL DOCUMENT, MANUALLY SIGN/DATE

Certificate of Attestation of Exemption

from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage

CE-200

This form cannot be used to waive the workers' compensation rights or obligations of any party.

The applicant may use this Certificate of Attestation of Exemption ***ONLY*** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may ***NOT*** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of
(Legal Entity Name and Address):

JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-11-1111

Federal ID Number: XXXXX6789

Business Applying For:
BUILDING PERMIT

From: ENTER: TOWN OF NEWBURGH

The location or where work will be performed is
ADDRESS OF WHERE WORK WILL BE PERFORMED

Estimated dates necessary to complete work associated with the building permit are from DATE RANGE SHOULD EQUAL ONE YEAR

The estimated dollar amount of project is $25,001 – $50,000

(EX: March 5, 2023 – March 5, 2024)

Workers' Compensation Exemption Statement:

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE for the following reason:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

CHOOSE THE STATEMENT THAT BEST DESCRIBES YOUR PROJECT/SITUATION.

Disability Benefits Exemption Statement:

The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE for the following reason:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

As the Homeowner with the above-named legal entity, affirm that due to the position with the above-named business have the knowledge, information and authority to make this Certificate of Attestation of Exemption. Hereby affirm that the statements made herein are true, that have not made any materially false statements and make this Certificate of Attestation of Exemption under the penalties of perjury. Further affirm that understand that any false statement, representation or concealment will subject to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above, also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage(s) required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____

Exemption Certificate Number:
2008-00197

Received:
October 2, 2008
NYS Workers' Compensation Board

Example: This form is needed for each permit. You cannot use this for multiple permits.