

# WE ARE YOUR DOL



Division of Safety and Health  
Harriman State Office Campus  
Albany, NY 12226

## 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 [www.wcb.state.ny.us](http://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:

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!**