

**LAWS OF NEW YORK, 1998**  
**CHAPTER 439**

The **general municipal law is amended by adding a new section 125** to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

## **Implementing Section 125 of the General Municipal Law**

### **1. General Contractors -- Business Owners and Certain Homeowners**

For **businesses and certain homeowners listed as the general contractors on building permits**, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is **ONE** of the following forms that indicate that they are:

- ◆ insured (C-105.2 or U-26.3),
- ◆ self-insured (SI-12), or
- ◆ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a **1, 2, 3 or 4 Family, Owner-occupied Residence** is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

### **2. Owner-occupied Residences**

For homeowners of a **1, 2, 3 or 4 Family, Owner-occupied Residence**, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1 (12/08).

- ◆ Form BP-1 shall be filed if the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is listed as the general contractor on the building permit, and the homeowner:
  - ◇ is performing all the work for which the building permit was issued him/herself,
  - ◇ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◇ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ◆ If the homeowner of a **1, 2, 3 or 4 Family, Owner-occupied Residence** is hiring or paying individuals a total of **40 hours or MORE** in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(12/08), but shall either:
  - ◇ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - ◇ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

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

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><i>Sworn to before me this _____ day of</i> _____, _____.</p> <p>_____ <i>(County Clerk or Notary Public)</i></p>
--

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

## The Prove It to Move It Program

Workers' compensation law (WCL) requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts carry workers' compensation and disability benefits insurance. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

Verification of insurance is necessary to ensure benefits are available, should workers get injured. It also levels the playing field for honest businesses, because they are less likely to be undercut by unscrupulous employers who gain a cost advantage by not carrying insurance. Enforcing these provisions of the law contribute to the betterment of New York's economic climate. Municipal and state agency cooperation is a critical component of encouraging business compliance.

This instruction manual, *Prove It to Move It*, will further clarify the requirements. Under the Prove It to Move It program, applicants must prove compliance with NYS workers' compensation and disability benefits requirements to move their government permit, license or contract along the approval process. This program reflects requirements under Workers' Compensation Law §57 and §220(8), and General Municipal Law §125. **The *Prove It to Move It* instruction manual formally names the program that has been in place, by statute, since 1922. Nothing has changed in enforcing this program since the last instruction manual was issued in December, 2008.** However, based on requests from government agencies, this manual reflects more comprehensive instructions on the program's requirements.

Government officials without access to the web may call (518) 486-6307 to have a copy of this instruction manual mailed to them.

Also included in the instruction manual is a copy of General Municipal Law Section 125, which requires all applicants to provide proof of workers' compensation compliance when applying for a Building Permit.

### Form CE-200 – Affidavit of Exemption

Form [CE-200](#) reflects the process for granting exemptions from workers' compensation and disability benefits insurance coverage requirements.

**Applicants eligible for exemptions** must file a new CE-200 **for each and every new or renewed permit, license or contract** issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that Form CE-200 is signed and dated by the applicant and that your specific governmental agency is listed. **CE-200 forms are ONLY valid for the government agency listed on Form CE-200.**

The reason that a business is exempt from workers' compensation and/or disability benefits will be clearly stated on Form CE-200. Based on their knowledge of the applicant's business, government agencies must verify that the business is eligible for the workers' compensation and/or disability benefits exemption reason described on the CE-200, and notify the Board's investigative staff if there are discrepancies. Phone numbers for Board investigative staff are located on page 10 of the instruction manual.

Each CE-200 will have a certificate number printed on it. You can verify if the CE-200 provided to you by the applicant was actually issued by the Workers' Compensation Board's computer system by checking on the Board's website at the following URL:  
[http://www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/verifyCE200Overview.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/verifyCE200Overview.jsp) .

The majority of CE-200 forms will be processed electronically. Applicants will be able to fill out the CE-200 on-line and upon completion, immediately print out a copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. Computers with internet access are available for CE-200 electronic application processing at Customer Service Centers located in Workers' Compensation Board Offices across the state. Applicants without access to a computer may obtain a paper application by writing or visiting any Workers' Compensation Board district office, or by calling 866-298-7830. **Applicants are strongly encouraged to use the Board's electronic web program. They can receive their Form CE-200 immediately, whereas manual paper filing may take up to four weeks to process.**

Please see pages 11-14 for more information on Form CE-200.

### ***Other Important Highlights of the Prove It to Move It Program***

An instruction sheet on page 6 of the instruction manual may be copied by municipal and state agencies as an insert in their application packages for government issued permits, licenses or contracts. This sheet describes all the required forms of this program and where applicants may obtain these forms.

*Please note that ACORD forms are **NOT** acceptable proof of New York State workers' compensation or disability benefits insurance coverage.*

This manual identifies the specific forms that government agencies can accept to enforce these sections of the Workers' Compensation Law and where applicants may obtain those forms. **No other forms are acceptable as proof of compliance** with New York State workers' compensation or disability benefits.

Please ensure that the legal entity name and the Federal Employer Identification Number (FEIN) on certificates of insurance, self-insurance, or attestation for exemption exactly matches the legal entity name and FEIN of the applicant applying for the permit, license or contract that you are issuing.

**Form BP-1**, found on page 30, is the only form that municipal and state agencies may now reproduce themselves and distribute as part of this process.

Please notify the permit-issuing, license-issuing and contract-making agencies or departments within your jurisdiction of these requirements so that they may comply with the Workers' Compensation Law. If you have any questions or require additional information, please call the Board at (518) 486-6307.

## **Workers' Compensation Requirements under Workers' Compensation Law §57**

To comply with coverage provisions of the Workers' Compensation Law (WCL), businesses must:

- a) be legally exempt from obtaining workers' compensation insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer; or
- d) participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or licenses, or seeking to enter into contracts **MUST provide** ONE of the following forms to the government entity issuing the permit or entering into a contract:

A) Form [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage*;

Form CE-200 can be filled out electronically on the Board's website, [www.wcb.ny.gov](http://www.wcb.ny.gov). Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters). Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any district office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract; or

B) Form [C-105.2](#), *Certificate of Workers' Compensation Insurance* (the business's insurance carrier will send this form to the government entity upon request). **Please Note:** The State Insurance Fund provides its own version of this form, the [U-26.3](#); or

C) Form [SI-12](#), *Certificate of Workers' Compensation Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247), or [GSI-105.2](#), *Certificate of Participation in Worker's Compensation Group Self-Insurance* (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

## **Disability Benefits Requirements under Workers' Compensation Law §220(8)**

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- a) be legally exempt from obtaining disability benefits insurance coverage; or
- b) obtain such coverage from insurance carriers; or
- c) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or licenses, or seeking to enter into contracts **must** provide one of the following forms to the entity issuing the permit or entering into a contract:

A) [CE-200](#), *Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage* (see above);

B) [DB-120.1](#), *Certificate of Disability Benefits Insurance* (the business's insurance carrier will send this form to the government entity upon request); **or**

C) [DB-155](#), *Certificate of Disability Benefits Self-Insurance* (the business calls the Board's Self-Insurance Office at 518-402-0247).

**NYS Agencies Acceptable Proof:** Letter from the NYS Department of Civil Service indicating the applicant is a New York State government agency covered for workers' compensation under Section 88-c of the Workers' Compensation Law and exempt from NYS disability benefits.

Please note that **for building permits only**, certain homeowners of 1, 2, 3 or 4 family owner-occupied residences serving as their own General Contractor may be eligible to file Form [BP-1](#) (The homeowner obtains this form from either the Building Department or on the Board's website, <http://www.wcb.ny.gov/content/main/forms/bp-1.pdf>)

## **WORKERS' COMPENSATION REQUIREMENTS**

### ***WCL §57. Restriction on issue of permits and the entering into contracts unless compensation is secured.***

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

## **DISABILITY REQUIREMENTS**

### ***WCL §220. Subd. 8***

- (a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.
- (b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.