



Building Department
VILLAGE OF CROTON-ON-HUDSON
1 Van Wyck Street
Croton-on-Hudson, NY 10520
County of Westchester
914-271-4783 Te, 1914-271-3790 Fax

Insurance Requirements for Permits

When applying for **ANY** permit, documentation of proper insurance coverage must be submitted for: liability, workers compensation and disability insurance as required by law.

Liability Insurance

The Village of Croton-on-Hudson (1 Van Wyck Street, Croton-on-Hudson, NY 10520) must be named as an additional insured (certificate holder) on the liability policy.

Proof must be submitted on the following forms:

Liability Insurance:

ACORD form (Certificate of Liability Insurance). Call your insurance company for this form, or

Other satisfactory Certificate of Liability Insurance form. Call your insurance company for this form.

Workers Compensation and Disability Insurance

New York State law requires that an applicant for **ANY** permit must submit proof of Workers Compensation and proof of Disability Insurance.

The Village of Croton-on-Hudson (1 Van Wyck Street, Croton-on-Hudson, NY 10520) must be named as the certificate holder on the workers' compensation policy.

The proof must be on one of the following forms:

Workers Compensation Insurance:

Form C-105.2(revision date 12-03) (State of New York Workers' Compensation Board, Certificate of NYS Workers' Compensation Insurance Coverage). Call insurance company for this form.

Note: Demolition coverage must be included if a building chimney, or steeple is razed, or where a floor, exterior wall, or roof is removed. If the contract involves only the removal of interior walls, partitions or the facing of any exterior wall it is not considered demolition.

Form U-26.3 (The State Insurance Fund, Certificate of Workers' Compensation Insurance).

Form SI-12 (State of New York Workers' Compensation Board, Self Insurer Certification). Call NYS self-insurance office (518-402-0247) for this form.

Form GSI-105.2 (State of New York Workers' Compensation Board, Certificate of Participation in Workers' Compensation Group Self-Insurance). Call Group Self-Insurance Administrator for this form.

Disability Insurance:

Form DB-120.1 (State of New York Workers' Compensation Board, Employer's Application for compliance with Disability Benefits Law). Call your insurance company for this form.

Form DB-155 (State of New York Workers' Compensation Board, Certificate of Disability Benefits Self-Insurance). Call NYS Self-Insurance Office (518-402-0247) for this form.

ONLY THE ABOVE FORMS ARE ACCEPTABLE

(PLEASE NOTE: The ACORD form is NOT ACCEPTABLE FOR PROOF OF WORKERS' COMPENSATION OR DISABILITY COVERAGE)

YOU MAY OBTAIN THE FORMS FROM YOUR INSURANCE COMPANY OR AS NOTED ABOVE.

If you are a homeowner doing work on your own house, you may be eligible for an exemption from the requirement of showing specific proof of the above workers compensation insurance requirements. Please review the home owner's exemption form BP-1 (Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence).

If you are a business of one or two persons, with no full time employees, you may be eligible for an exemption from the above workers compensation and disability insurance requirements. Please acquire form WC/DB-100 (Affidavit For New York Entities And Any Out Of State Entities With NO Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required, 7/04) or form WC/DB-101 (Affidavit That An OUT-OF-STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage, 7/04) from your local office of the workers compensation board (Albany 518-486-3349, Peekskill Office 788-5802, 5803 or 5804) or the building department or New York State Workers' Compensation Board web site (<http://www.wcb.state.ny.us>) and click the link to Common Forms Online or the Village web site (<http://www.crotononhudson-ny.gov>) on the engineering department page under insurance requirements.

These affidavit forms can **ONLY** be used to attest to a **government entity** that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance. **IMPORTANT:** These forms cannot be used to waive the workers compensation rights or obligations of any party.

The applicant requesting a permit, license or contract from a government entity must complete the appropriate form, have it notarized, and then mail or fax it to the nearest district office of the Workers' Compensation Board (Please note: all WC/DB-101 forms should be sent directly to the Queens District Office). At the Board, the form will be reviewed for completeness and, if completed properly, it will be stamped as received and returned by fax or mail to the sender. The affidavits are valid for one year from the date of receipt by the Workers' Compensation Board. Although the Board does not sign or approve the affidavits, it may investigate entities claiming exemption from the coverage requirements of the Law. Any false statement, representation or concealment will subject business owners to **felony** criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

Because new forms WC/DB-100 and WC/DB-101 are sworn affidavits, employees of the Workers' Compensation Board and Village of Croton on Hudson cannot assist applicants in answering questions about these forms. Please contact an attorney if you have any questions regarding either the WC/DB-100 form or WC/DB-101 form.

SPECIAL NOTE:

THE MOST COMMON REASON FOR THE DELAY IN PROCESSING APPLICATIONS IS THE INCOMPLETE SUBMISSION OF INSURANCE DOCUMENTATION BY THE APPLICANT. PLEASE FOLLOW THE ABOVE INSTRUCTIONS TO AVOID DELAYS IN THE PROCESSING OF APPLICATIONS.