

**VILLAGE OF MONROE  
PUBLIC ENTERTAINMENT EVENT PERMIT APPLICATION**

**DATE:** \_\_\_\_\_

**Applicant's Name & Address:** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
\_\_\_\_\_

**Title of Event:** \_\_\_\_\_

**Briefly Describe Event/ Purpose  
and indicate location on premises:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sponsor's Name and Address:** \_\_\_\_\_  
**Phone Number's** \_\_\_\_\_  
\_\_\_\_\_

**Sponsor's Qualifications:**  
**(Check all that apply)**

Sponsor is a local religious, fraternal, educational, political, veterans, firemen's, civic, nonprofit or charitable organizational that:

- \* Has an office or place of operation or owns real property in the Village of Monroe;
- \* Regularly holds its meetings and conducts its meetings and conducts its activities at a site in the Village of Monroe;
- \* Provides services to residents of the Village of Monroe. Explain: \_\_\_\_\_

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

**Sponsor's officers and directors  
Names and Addresses and  
Phone Numbers:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if necessary)

**If Sponsor does not have office  
in Orange County, name and  
address of natural person in  
Orange County agreeing to accept  
service of process and phone number:**

(attach agreement to act as agent for service of process)

**Required**

**Name, age, address and  
telephone # of individual in  
charge of the function for the  
Sponsor:**

**Address, Section, Block and Lot  
of property at which function is to  
be held:**

**Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_**

**Amusement Company's name  
and address including list of employees  
that will be here:**

**Dates and hours of function:  
(Application must be submitted  
at least 30 days prior to  
commencement date)**

**Commencement Date: \_\_\_\_\_  
Termination Date: \_\_\_\_\_  
Hours: \_\_\_\_\_**

**Purpose of the function:**

**Nature of the Activities:**

**Admission fee (if any):**

**Expected Maximum No. of  
Attendees at one time:**

**Expected Maximum No. of  
Vehicles at one time:**

**Method of disposing of refuse:**

**Will private security guards or Police be engaged; if so, the Number and their duties:**

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**Fire Protection Precautions:**

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**Attach diagram of setup on property that includes emergency service access. If the event is considered a carnival, circus or any other event that includes trailers, stages or any other temporary structure, show where trailers, stages or other temporary structures will be positioned on the layout diagram. In the event Applicant plans to utilize temporary lodging (i.e., trailers) for existing staff members, diagram MUST illustrate location of any such temporary lodging accommodations.**

**If additional approval's (example, landlord's approval) or license or permits (example, Dept. of Health) are required, please attach, or indicate when they will be submitted for consideration:**

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**Applicant's Signature:**

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*Print Name:*

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*Title:*

*Phone Number*

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*Date:*

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**Sponsor's Signature:**

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*Printed Name:*

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*Phone Number:*

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*Title:*

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*Date:*

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**AGREEMENT AND RELEASE FROM LIABILITY**

**VOLUNTARY PARTICIPATION**

I, \_\_\_\_\_ (name of releaser) acknowledge that I have  
Voluntarily applied to the Village of Monroe for a special event for non-profit organization.  
This event is a \_\_\_\_\_

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(describe event) to be held on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ (date of event)  
in the Village of Monroe.

**ASSUMPTION OF RISK**

**I AM AWARE THAT THE ACTIVITY DESCRIBED ABOVE IN WHICH I AM ENGAGING  
MAY INVOLVE SOME RISK OF INJURY TO ME OR TO MY PERSONAL PROPERTY. I  
AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF  
THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS  
OF INJURY, DEATH, OR PROPERTY DAMAGE AND VERIFY THIS STATEMENT BY  
PLACING MY INITIALS HERE: \_\_\_\_\_**

**RELEASE**

**As consideration for being permitted by the Village of Monroe to participate in these activities  
and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, and  
legal representatives will not make a claim against or sue the Village of Monroe or any of its  
Elected officials, employees, agents or attorneys for injury or damage resulting from the  
Negligence or other acts, howsoever caused, by any elected official, employee, agent, attorney or  
contractor of the Village of Monroe as a result of my participation in the activity described  
above. I hereby release the Village of Monroe, its elected officials, employees, agents, attorneys  
or contractors from all actions, claims or demands that I, my assignees, heirs, distributes,  
guardians and legal representatives now have or may hereafter have for injury or damage  
resulting from my participation in the above described activity.**

**KNOWING AND VOLUNTARY EXECUTION**

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS  
CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A  
CONTRACT BETWEEN MYSELF AND THE VILALGE OF MONROE AN SIGN IT OF  
MY OWN FREE WILL.**

\_\_\_\_\_  
Releaser's signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **APPLICANT / SPONSOR RULES AND RESPONSIBILITIES:**

**It IS THE APPLICANT’S / SPONSOR’S RESPONSIBILITY TO:**

- **Maintain one lane on every street for emergency vehicles.**
- **Keep all fire hydrants and alarm boxes free of obstruction.**
- **Submit evidence of insurance prior to final permit approval.  
Please provide a “Certificate of Insurance” which names the Village of Monroe as additional insured and shows a minimum of \$2 million dollars in Commercial General Liability Insurance and a policy endorsement that indemnifies and holds harmless the Village of Monroe**

**PLEASE NOTIFY THE COMMUNITY OF THE EVENT BY POSTING “INFORMATIONAL” SIGNS 48 HOURS PRIOR TO CLOSURE OF THE STREET OR USE OF PARKING (THESE SIGNS WILL BE ISSUED WITH YOUR PERMIT) AND CONFIRM WITH THE VILLAGE OF MONROE POLICE DEPARTMENT THE POSTING OF “NO PARKING SIGNS” FOR ENFORCEMENT AND TOWING.**

**AFFIDAVIT OF APPLICANT / SPONSOR:**

**IF APPROVED, THIS APPLICATION OR A SPECIAL EVENT PERMIT SHOULD AUTHORIZE THE SPONSOR TO CONDUCT A STREET ACTIVITY AS DESCRIBED. IT IS SUBJECT TO REVOCATION IF THE SPONSOR DOES NOT COMPLY WITH ALL PERTINENT LAWS, RULES AND REGULATIONS INCLUDING ANY CONDITIONS OR RESTRICTIONS IMPOSED BY THE VILLAGE OF MONROE BOARD OF TRUSTEES.**

**THE SPONSOR AGREES TO FULLY AND PROMPTLY INDEMNIFY AND HOLD THE VILLAGE, ITS OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL DAMAGES, CLAIMS, COSTS AND EXPENSES (INCLUDING, WITHOUT LIMITATION, REASONABLE LEGAL FEES) THAT MAY ARISE OUT OF THE ACTIVITIES IN CONNECTION WITH WHICH THIS PUBLIC ENTERTAINMENT EVENTS PERMIT IS ISSUED, AND FROM ANY COSTS AND EXPENSES TO WHICH THE VILLAGE MAY BE SUBJECTED OR WHICH IT MAY SUFFER OR INCUR BY REASON THEREOF.**

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**Applicant Name (Print)**

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**Signature**

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**Date**

## CHECKLIST OF REQUIRED ATTACHMENTS:

- \_\_\_\_\_ Plan for off-street and highway parking.
- \_\_\_\_\_ Plans for drawings showing method for supply, storage and distribution of water and disposal of sanitary sewage:  
\_\_\_\_\_ Water                      \_\_\_\_\_ Sanitary Sewage
- \_\_\_\_\_ Map or drawing showing fire lanes and source of water for fire control.
- \_\_\_\_\_ Signed statement from the property owner granting approval to the Sponsor to use the property during dates and hours of the function and authorizing the Village or its lawful agents to go upon the property for the purpose of inspecting the same.
- \_\_\_\_\_ Original certificate of liability insurance naming the Village of Monroe as additional insured issued by an insurance carrier licensed to do business in the State of New York. Such insurance shall be in the minimum amounts established from time to time by resolution of the Village Board, but no less than one million dollars (\$1,000,000) for each person and two million dollars (\$2,000,000) for each accident. The certificate of insurance shall provide at least ten (10) day's written notice to the Village prior to cancellation.
- \_\_\_\_\_ \$1,000.00 Cash or Certified Check as Security Deposit to ensure clean-up of site. *If applicable.* NOTICE: The security Deposit is subject to forfeiture if order has not been maintained so as to require additional police protection for the event, or if the premises have not passed inspection and been issued a Certificate of Discharge by the Village's Code Compliance Officer following the event.
- \_\_\_\_\_ A statement signed by both the property owner, Sponsor and Amusement Company Operator agreeing to the provisions of the Village of Monroe Code regarding site Inspection and clean-up within 72 hours of termination of the event and inspection by the Code Enforcement Officer; and to the forfeiture of the security deposit for failure to obtain a certificate of discharge from the Code Enforcement Officer.

### ADDITIONAL ITEMS THAT MAY BE REQUIRED PRIOR TO ISSURANCE OF PERMIT

- \_\_\_\_\_ \$ \_\_\_\_\_ Cash or Certified Check for the Costs of additional Police Protection if Required by the Village Board (see below) to be paid prior to approval of permit.
- \_\_\_\_\_ Insurance Certificate evidencing \$ \_\_\_\_\_ \$ \_\_\_\_\_ additional liability insurance coverage.
- \_\_\_\_\_ Other requirements imposed by the Village Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and telephone number of contact person for additional requirements:

\_\_\_\_\_

**INTERNAL USE ONLY:**

Date application received: \_\_\_\_\_

Reviewed and Found Complete: \_\_\_\_\_

Village Clerk's signature

Date

**To Be Completed Prior to Application's Submission to Village Board:**

**Police Department:**

Approval of Security, Traffic Control and Parking Plans

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Signature	Date	Approved/Disapproved
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Estimated Cost of additional Police

Protection for Event \$ \_\_\_\_\_

\_\_\_\_\_  
Chief's or Designee's Initials

Other conditions (if any): \_\_\_\_\_

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Code Enforcement sign off: \_\_\_\_\_

Date

Department of Public Works Superintendent sign off: \_\_\_\_\_

(If applicable)

Date

Other conditions or comments (if any):

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Village Board Approval: \_\_\_\_\_

Date

Mayor's signature

**TO BE COMPLETED FOLLOWING EVENT:**

**Actual Police Protection Costs: \$** \_\_\_\_\_ **Chief's or Designee's initials** **Date**

**Code Enforcement Officer Certificate of Discharge:**

**Date and time of Inspection following Event:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Code Enforcement Officer**

# **COUNTY SPECIAL EVENTS APPLICATION**

**PLEASE NOTE: Any event that will be using a County road in the Village of Monroe (Route 208, Spring Street, Freeland Street, Still Road or Orange Turnpike) requires an “Orange County Department of Public Works Permit” before the Village Board of Trustees can entertain your application. See attached County Application.**



## ORANGE COUNTY DEPARTMENT OF PUBLIC WORKS

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*Charles W. Lee, P.E.*  
*Commissioner*

*Steven M. Neuhaus*  
*County Executive*

**P.O. Box 509, 2455-2459 Route 17M**  
**Goshen, New York 10924-0509**

[www.orangecountygov.com](http://www.orangecountygov.com)

**TEL (845) 291-2750**

**FAX (845) 291-2778**

### Special Event Permit Submission Checklist:

The following items are required to be submitted as a complete permit packet. Orange County will not accept incomplete permit packets.

1. Completed permit application (Pages 1-3). Applicant is required to adhere to all conditions per page 2 of the permit for the special event. Any items specified in the conditions are required to be submitted with the permit application.
2. Insurance requirements: Either A through C or A and D are required.
  - A. Provide an insurance certificate that includes Items 1-3 per the attached sample certificate.
  - B. Proof of Workers' Compensation \***Acceptable forms C-105.2, U-26.3 or SI-12.**
  - C. Proof of Disability Benefits \***Acceptable forms DB-120.1 or DB-155.**
  - D. If exempt from Workers' Compensation and Disability Benefits, we require the CE-200 to be submitted. The exemption form is required to be signed and dated.

The exemption can be used for both Workers' Compensation and Disability Benefits or either Workers' Compensation or Disability Benefits.

Instructions for obtaining the CE-100 are included in the permit packet.

**ORANGE COUNTY DEPARTMENT OF PUBLIC WORKS**  
**APPLICATION FOR SPECIAL EVENT PERMIT**

PERMIT NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

Orange County Department of Public Works  
P.O. Box 509, 2455-2459 Route 17M  
Goshen, New York 10924

Tel: (845) 291-2761  
Fax: (845) 291-2778

TO: The Commissioner of Public Works  
County of Orange

Application is hereby made for a Special Event Permit for access to road(s) on the County Road System.

a. Applicant: \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

c. Telephone: (Day) \_\_\_\_\_ Emergency: \_\_\_\_\_ Fax: \_\_\_\_\_

d. Purpose & Date of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. County Roads to be Utilized (or) Property: \_\_\_\_\_

If permit is granted, I hereby agree to conform to all the conditions and restrictions forming a part of this permit and to conform to all local ordinances, if any, and to conform to the provisions as set forth in the N.Y.S.D.O.T. MUTCD (Manual of Uniform Traffic Control Devices).

\_\_\_\_\_  
APPLICANT'S NAME (Please Print)                      TITLE                      DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE                      ADDRESS

Permission is hereby granted to applicant.                      ADDRESS

A Certificate of General Liability (bodily injury/property damage) Insurance, with "Additional Insured" endorsement, shall be on file at the Office of the Commissioner of Public Works and be in compliance with the Department's current insurance directives.

\_\_\_\_\_  
COMMISSIONER OF PUBLIC WORKS                      DATE

BY: \_\_\_\_\_  
Name                      Title

SPECIAL EVENT PERMIT APPLICATION

CONDITIONS & RESTRICTIONS

THE FOREGOING PERMIT IS GRANTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. This permit shall not be assigned or transferred except with the written consent of the County Superintendent.
2. Notice shall be given by said applicant to the County Superintendent at least 48 hours in advance of the date when the event is to begin.
3. The applicant hereby agrees to indemnify and save harmless the County and local municipality from all suits, actions or damages of every kind whatsoever, which may arise from or on account of the event under this permit. General Liability Insurance for the protection of the applicant and the County will be maintained in such an amount and in such company and in such case as the County Superintendent may require. The County of Orange shall be named as "Additional Insured" on the policy provided.
4. The County Superintendent reserves the right to revoke or cancel this permit at any time should the applicant fail to comply with the terms and conditions herein prescribed.
5. Applicant's approved copy of this permit shall be in possession of the parties actually involved.
6. This permit application is subject to such other consents as are required by local laws, ordinances and regulations.
7. Written permission shall be secured from the governing body of the local municipality to conduct such "Special Event" prior to the validation of said permit.
8. It is mandated that the local fire company(s) as well as the volunteer ambulance corps receive prior written notification of the Special Event in order to respond efficiently to non-permit related emergencies as such may occur during the duration of the permit activity.

Copies of such notification shall be provided to the Commissioner of Public Works prior to validation of the permit.

9. This permit is subject to any and all constraints, which may be predicated by the Commissioner of Public Works and/or local municipality.
10. Arrangements shall be made with local law enforcement agencies to provide, during the period of such Special Event for the handling of pedestrian and motor vehicle traffic, the re-routing of traffic, caring for emergencies and other related needs.

SPECIAL EVENT PERMIT APPLICATION (cont'd)

11. The applicant hereby agrees to clean up any debris along the County Highway System in the vicinity of the specified locations arising out of or as a result of the activity under this permit.

I HEREBY AGREE TO THE ABOVE CONDITIONS AND RESTRICTIONS.

\_\_\_\_\_  
AUTHORIZED APPLICANT (Please Print)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

All three pages of the permit are required to be submitted when applying for this permit.

## **Summary of Orange County Insurance Requirements:**

**Item Numbers 1-3:** See the attached Sample Certificate of Liability Insurance for the required minimum limits and the language required for the Additional Insured and Certificate Holder Notes.

**Item No. 4:** The top portion provides a list of the appropriate acceptable forms for Worker's Compensation and the lower portion provides the acceptable forms for Disability. Please note that the Accord Form is no longer acceptable proof of NYS Workers' Compensation and Disability Benefits Insurance Coverage.

**Starting December 1, 2008, ONLY** 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 the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

**\*\* Be sure to forward pages 1 - 3 to your insurance company to ensure the proper insurance coverage is submitted to Orange County.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YY

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
INSURED	COMPANY A
	COMPANY B
	COMPANY C
	COMPANY D

**COVERAGES**  
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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.

CD ITR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNER & CONTRACTOR'S PROT <input type="checkbox"/> _____				GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS-COMP/OP AGG \$ 1,000,000.00 PERSONAL & ADY INJURY \$ 1,000,000.00 EACH OCCURRENCE \$ 1,000,000.00 FIRE DAMAGE Any one fire \$ 50,000.00 MED EXP Any one person \$ 5,000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____				COMBINED SINGLE LIMIT \$ - BODILY INJURY Per person \$ - BODILY INJURY Per accident \$ - PROPERTY DAMAGE \$ -
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY-EACH ACCIDENT \$ - OTHER THAN AUTO ONLY \$ - EACH ACCIDENT \$ - AGGREGATE \$ -
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ - AGGREGATE \$ - \$ -
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/ EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$ - EL DISEASE-POLICY LIMIT \$ - EL DISEASE-EA EMPLOYEE \$ -
	OTHER				

SAMPLE  
 OR AN EQUIVALENT FORM APPROVED  
 BY A.C.D.M. AND RISK MANAGEMENT

DESCRIPTION OF OPERATIONS; LOCATIONS; VEHICLES; SPECIAL ITEMS

**Orange County, 255-275 Main St., Goshen, N.Y. 10924 is named as an additional insured with respect to work performed by the insured.**

CERTIFICATE HOLDER <b>County of Orange</b> <b>c/o Department of Public Works</b> <b>P.O. Box 509, 2455-2459 Route 17M</b> <b>Goshen, New York 10924</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES
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Item No. 1

Item No. 2

Item No. 3

#### **Item No. 4**

##### **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 participate in an authorized group self-insurance plan.

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

- A) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- B) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

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## Instructions for Obtaining Form CE-200

The CE-200 is now an on-line application. Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years of jail time. Accordingly, all statements on the CE-200 must be true.

Applicants may access the CE-200 application on the Board's website: [www.wcb.ny.gov](http://www.wcb.ny.gov)

1. Click on the button entitled "WC/DB Exemptions Form CE-200" (In bright yellow letters).
2. Click on *Request for WC/DB Exemption* (Form CE-200).
3. Click the gray button on the bottom (*Select to Access Web-based Application*).
4. Applicants should create their own PIN number (a number that they will remember in the future, such as a birthday).
5. Follow the rest of the prompts.

It should only take about five minutes to fill it out the first time. Applicants should print, sign and date Form CE-200 and send it to the government agency issuing their permit, license or contract from.

If the applicant is having difficulty in printing the CE-200, please call the Board's CE-200 Hotline at **866-546-9322**, then **press 1** and then **press 3**, and leave a voice message with the certificate number, the name of the business and a contact phone number. The CE-200 will be sent to the business address on the CE-200 within one business day.



**Certificate of Attestation of Exemption  
From New York State Workers' Compensation  
and/or Disability Benefits Insurance Coverage**

*\*\*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 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.

<p align="center"><b>In the Application of (Legal Entity Name and Address):</b></p>  <p>Federal ID Number:</p>	<p align="center"><b>Business Applying For:</b></p> <p>From: _____</p> <p>The location of where work will be performed is _____</p> <p>Estimated dates necessary to complete work associated with the building permit are from _____ to _____</p> <p>The estimated dollar amount of project is _____</p>
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**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:

*[Handwritten signature]*

**Disability Benefits Exemption Statement:**  
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

I, \_\_\_\_\_, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statements, representation or concealment will subject me 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 I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability 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.

<b>SIGN HERE</b>	Signature: _____	Date: _____
Exemption Certificate Number _____		Received _____
 <b>NYS Workers' Compensation Board</b>		