



**Agriculture
and Markets**



NYS FAIR INSURANCE INFORMATION & SAMPLES

**THE FOLLOWING ITEMS ARE REQUIRED AS PART OF YOUR AGREEMENT
AND MUST BE RECEIVED BY THE SPECIFIED DUE DATE.**

Late Fees – Late payments will be invoiced at 5% of the unpaid invoice amount. Late paperwork will be invoiced at \$50 per document (signed agreement, insurance certificates, etc.). Payments for late fees not made by the specified due date may result in cancellation of the contract and loss of space. If payments are not made by the due date and the vendor's contract is not being cancelled, additional late fees may be applied every 30-days at the discretion of the department. You will not receive your credentials until all requirements have been met.

1. Workers' Compensation (or exemption/waiver)
2. Disability Insurance (or exemption/waiver)
3. Liability Insurance

It is the **event organizer's/vendor's responsibility to submit** the correct insurance documents to the NYS Fair. Insurances cannot be sent on your behalf from your insurance company.

Event organizers/vendors are responsible for ensuring all requirements (Legal Business Name, Address, Endorsements, etc.) have been met. **Only if the documents are correct should they be forwarded to the NYS Fair.** If insurances are incorrect, you must have them fixed with your insurance company before providing them to the Fair.

Please note: Faxes or photos are NOT acceptable.

1. WORKERS' COMPENSATION INFORMATION:

Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts document that they have appropriate workers' compensation (pages 2-3) and disability benefits insurance coverage (pages 6-7); or document that they are exempt from such coverage (pages 4-5). These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license, or contract. Failure to provide proof of such coverage or a legal exemption may result in the termination of the Agreement. **An ACORD form is NOT acceptable proof of workers' compensation coverage.**

To comply with the coverage requirements ONE of the following forms for Workers Compensation must be provided to the Department:

PROOF OF CERTIFICATE OF WORKERS' COMPENSATION:

Acceptable forms for proof of Workers' Compensation must be submitted on one of the following (OR a CE-200 Waiver see pages 4-5):

- Form C-105.2
- Form U-26.3
- Form SI-12
- Form GSI-105.2

Event organizers/vendors without coverage may obtain a policy for the duration of their event from the New York State Insurance Fund.

Please direct all questions to one of the following; New York State Workers' Compensation Board at 518-486-3331 or go to the New York State Workers' Compensation Board's Website: www.wcb.ny.gov or contact Walter Peretti at 518-402-8330 or email Walter.Peretti@wcb.ny.gov

See the following page for an example of a Certificate of Workers' Compensation Coverage.

EXAMPLE OF THE C-105.2 CERTIFICATE OF WORKERS' COMPENSATION INSURANCE COVERAGE (Obtained from your insurance carrier)

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>3c. Policy effective period: _____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are: <input type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse) <input type="checkbox"/> included. <input type="checkbox"/> excluded.</p>

This certifies that the insurance carrier indicated above insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To obtain 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.)

The Insurance Carrier will also notify the above certificate holder with _____ days IF the policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cause the carrier to cancel 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 a maximum of one year after this form is approved by the insurance carrier or its licensed agent.

Please Note: Upon the cancellation of the workers' compensation policy indicated above, 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: _____
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____
(Signature) _____ (Date) _____

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

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

C-105.2 (12-03)
92541 1203

The Fair cannot accept this form if this information does not match the legal business name and address as it appears on your agreement

Enter the NYS Department of Agriculture and Markets as the Entity:

581 State Fair Blvd.
Syracuse, NY 13209

This number must correspond with your legal business name

Policy must be in force for the duration of the event including move in/out

EXEMPTION/WAIVER (if policy is not required):

Form CE-200, Certificate of Attestation for New York Entities with no employees and certain out of state entities, that New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is not required. This form can be requested online at the Workers' Compensation Board's website:

http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp

Click on "Guide for Businesses"

Workers' Compensation Board

Services News Government Local

Language Assistance: (877) 632-4996 Language Access Policy Español Русский Polski 中文 Italiano Kreyòl aysyen 한국어

WC/DB Exemptions

Request for WC/DB Exemption (Form CE-200)

Overview

The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by entities with no employees and/or out-of-state entities obtaining a contract or license in which the work is being performed outside of New York State.

- Certificates can only be used to attest to a **government entity** that the applicant requesting a permit, license, or contract is not required to carry workers' compensation and/or disability benefits coverage.
- Certificates are only valid for the specific license, permit or contract. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.
- Certificates are assigned a unique certificate number that can be validated by the government official issuing the license, permit, or contract.

Upon selecting the button to the web-based application below, you will be routed to New York Business Express to complete your application.

Help Guides For New York Business Express

- Guide for Businesses
- Guide for Homeowners
- Guide for Not-For-Profit Organizations

If you need additional assistance, contact the New York Business Contact Center at (516) 485-5000.

Select to access web-based Exemption Application

Workers' Compensation Board

About WCB Forms & Services Communication Website Language Assistance: (877) 632-4996

- You will be brought to the following page – please follow the instructions on this page.

Certificate of Exemption

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

Follow these steps:

- Go to businessexpress.ny.gov.
- Select Login/Register in the top right hand corner.
- Enter an email address or NY gov account, go to step 4 to set up your account. From step 4, an NY gov login and password, go to step 16.
- Select Register with NY gov order New User.
- Select Proceed.
- Enter the following:
 - First and last name
 - Email
 - Confirm Email
 - Preferred Username (check if username is available)
- Select Proceed to select.
- You may have to complete a Captcha Verification before proceeding.
- Select Create Account.
- If you already have an NY gov account, the system will display your existing account. After individual or business.
- Do one of the following:
 - If the account is shown as an NY gov individual account, select Continue.
 - If the account is shown as an NY gov Business account, select Email Me the Username(s).
 - Verify that the account information is correct.
 - Select Continue.
- An activation email will be sent. If you do not receive an email, use the Email Received During Business Express step.
- Open your activation email and select Click Here.
- Specify three security questions.
- Select Continue.
- Create a statement photo (upload at least eight characters).
- Select Set Password.
- If you have successfully activated your NY gov ID.
- Select Go to MyNY.
- At the top of the screen select Services.
- Select Business.
- Select New York Business Express.
- Select Login/Register.
- On the New York Business Express Home Page:
 - Scroll down to Top Requests and select Certificate of Attestation, etc.
 - Select Index A-Z for CE-200.
- Select How to Apply.
- Select Apply as a Business, etc.
- Select Apply as a Homeowner (applicable to those obtaining permits to work on their properties).
- Complete application screens.
- Review Application Summary.
- Accept and submit.

You will receive an email when your application has been issued/Approved.

To view your certificate:

- Click Account Record Activity from your email, or
- Access businessexpress.ny.gov, and then access your Dashboard under your login name on login.

Print and sign the Exemption Certificate.

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

wcb.ny.gov

COMPLETE THE EXEMPTION APPLICATION FOR AN EXEMPTION CERTIFICATE APPROVED BY THE WORKERS' COMPENSATION BOARD.

See the following page for an example of a Certificate of Workers' Compensation Exemption.

EXAMPLE OF THE CE-200 EXEMPTION FORM (OBTAINED FROM THE WORKERS' COMPENSATION BOARD)



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>In the Application of (Legal Entity Name and Address):</p> <p>JOHN J. SMITH 581 STATE FAIR BLVD SYRACUSE, NY 13209 PHONE: 315-555-5555 FEIN: XXXXX0000</p>	<p>Business Applying For: Contract with Government Agency</p> <p>From: NEW YORK STATE DEPARTMENT OF AG AND MARKETS</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:
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.

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:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) 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 4) 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.)

I, JOHN J. SMITH, 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 statement, 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.

SIGN HERE	Signature:	Date:
<p>Exemption Certificate Number</p> <p>2011-063664</p>		<p>Received</p> <p>December 1, 2011</p> <p>NYS Workers' Compensation Board</p>

CE-200 12/2008

Complete information about your business – must match what is printed on your agreement. FEIN# must match with our records.

CE-200 can be used for exemption for Worker's Compensation, Workers' Disability, or both. This example shows exemption for both coverages

Must be signed by Vendor to be valid

Enter the NYS Department of Agriculture and Markets as the Agency

Valid for one year after date issued

2. DISABILITY INFORMATION:

Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses, or contracts document that they have appropriate workers' compensation (pages 2-3) and disability benefits insurance coverage (pages 6-7); or document that they are exempt from such coverage (pages 4-5). These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license, or contract. Failure to provide proof of such coverage or a legal exemption may result in the termination of the Agreement.

To comply with the coverage requirements ONE of the following forms for Workers Compensation must be provided to the Department:

PROOF OF CERTIFICATE OF DISABILITY BENEFITS INSURANCE:

Acceptable forms for proof of Disability must be submitted on one of the following **(OR a CE-200 Waiver see pages 4-5):**

- Form DB-120.1
- Form DB-155

Please direct all questions to one of the following; New York State Workers' Compensation Board at 518-486-3331 or go to the New York State Workers' Compensation Board's Website: www.wcb.ny.gov or contact Walter Peretti at 518-402-8330 or email Walter.Peretti@wcb.ny.gov

See the following page for an example of a Certificate of Disability Coverage.

EXAMPLE OF THE DB-120.1 CERTIFICATE OF DISABILITY INSURANCE COVERAGE (This form is obtained from your insurance carrier)

The Fair cannot accept this form if this information does not match the legal business name and address as it appears on your agreement

Enter the NYS Department of Agriculture and Markets as the Entity:
581 State Fair Blvd.
Syracuse, NY 13209

STATE OF NEW YORK WORKERS' COMPENSATION BOARD CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW	
PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
1a. Legal Name and Address of Insured (Use street address only)	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a. Name of Insurance Carrier 3b. Policy Number of entity listed in box "1a": 3c. Policy effective period: _____ to _____
4. Policy covers: a. <input type="checkbox"/> All of the insured's employees eligible under the New York Disability Benefits Law b. <input type="checkbox"/> Only the following classes of the employer's employees:	
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 NYS Disability Benefits Law coverage as described above.	
Date Signed _____	By _____ (Signature of insurance carrier authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number _____	Title _____
IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier, it must be signed by the NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder. If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.	
PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)	
State Of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.	
Date Signed _____	By _____ (Signature of NYS Workers' Compensation Board Employee)
Telephone Number _____	Title _____
Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.	
DB-120.1 (5-06)	

This number must correspond with your legal business name

Policy must be in force for the duration of the event including move in/out

Concessionaires, exhibitors, sponsors and promoters shall obtain and maintain public liability insurance for loss, damage, and personal injury arising from their operations under the Agreement.

- A. List your legal business name and address. The name must match the name on your agreement.
- B. Additional insured must be checked Y
- C. Policy must be in force for the duration of the event including staging, move-in and move-out.
- D. Insurance must be Commercial General Liability with the following limits:
Each Occurrence - \$1,000,000
General Aggregate - \$2,000,000
Also if applicable:
Vehicle - \$1,000,000
Liquor Liability - \$1,000,000
Golf Cart - \$1,000,000
- E. The Certificate Holder must read:
New York State Department of Agriculture & Markets
New York State Fair
581 State Fair Blvd.
Syracuse, NY 13209
- F. Concessionaires, exhibitors, sponsors and promoters shall immediately inform the New York State Fair of any insurance cancellation or material change in coverage.
- G. **PLEASE NOTE – Workers' Compensation is not acceptable on an ACORD-25 form.**

The ACORD name and logo are registered marks of ACORD