

**Contractor Performing Work
Village of Weedsport
Cayuga County, New York**

The Village of Weedsport is required by New York State General Municipal Law 125 and Workman's Compensation Law 57 and 220 to ensure businesses applying for permits, licenses or contracts have appropriate worker's compensation and disability insurance coverage or proof of exemption.

STEP #1. Employers are to contact their Insurance Carrier for the proper form faxing to:
Village of Weedsport (fax) 315.834.9110 (or) mail to:
Village of Weedsport
8892 South Street; PO Box 190
Weedsport, New York 13166

STEP #2. Forms shall have the **Village of Weedsport** identified as **Additional Insured** and be completely filled out.

STEP #3. Only forms identified below will be accepted as proof of insured.
NOTE: ACCORD Forms will *NOT* be accepted as proof of Workers Compensation or Disability Insurance.

<u>Workers Compensation Insurance</u>		(AND)	<u>Disability Benefits Insurance</u>
C105.2	U-26.3		DB-120.1
SI-12	GSI-105.2		DB-155

STEP #4. Forms submitted with errors or missing information will cause delay in the process of any permit, license, or contract.

-----**(OR)**-----

If you are exempt from providing coverage you must submit:
**Certificate of Attestation of Exemption from New York State Workers' Compensation and/or
Disability Benefits Coverage**
completing the following form
CE-200

(This form is available on-line at: www.wcb.ny.gov (click on WC/DB Exemptions Form CE-200))

Employees of the Workers' Compensation Board cannot assist applicants in answering questions about this form. Please contact an attorney if you have any questions regarding Form CE-200. However, if you have questions regarding workers' compensation coverage requirements, please call the Bureau of Compliance at (866) 546-9322.

-----**(OR)**-----

Homeowners performing their own work
Shall sign/date **FORM BP-1**