

## **Attachment 11: Workers Compensation and Disability Insurance Requirements**

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that ITS shall not enter into any Contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a Contract with ITS successful Bidders will be required to verify for ITS on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. ITS would prefer Bidders to submit this insurance verification information with their bids if possible. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518)486-6307. Failure to provide verification of either of these types of insurance coverage by the time winning bids have been selected and Contracts are ready to be executed will be grounds for disqualification of an otherwise successful bid.

### **Workers' Compensation Requirements under WCL § 57:**

To comply with coverage provisions of the WCL, businesses shall:

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

To verify your compliance with the above, ITS shall receive one of the following properly executed Workers' Compensation Board forms from the Contractor, the Contractor's insurance carrier or the Workers' Compensation Board, depending on which form is appropriate:

1. CE-200, Certificate of Attestation of Exemption from New York State Workers Compensation and/or Disability Benefits Coverage; OR

2. C-105.2, Certificate of Workers' Compensation Insurance. (The Contractor's insurance carrier will send this form to ITS upon the Contractor's request.)

Please Note: The State Insurance Fund provides its own version of this form, the U-26.3; OR

3. SI-12, Certificate of Workers' Compensation Self-Insurance (the Workers' Compensation Board's Self Insurance Office will send this form to ITS upon the Contractor's request), OR

4. GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance (the Contractor's Group Self-Insurance Administrator will send this form to ITS upon the Contractor's request).

## **Disability Benefits Requirements under WCL § 220(8):**

To comply with the coverage provisions of the Disability Benefits Law, businesses shall:

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

To verify your compliance with the above, ITS shall receive one of the following properly executed Workers' Compensation Board forms from the Contractor, the Contractor's insurance carrier or the Workers' Compensation Board, depending on which form is appropriate:

1. CE-200, Certificate of Attestation of Exemption from New York State Workers Compensation and/or Disability Benefits Coverage; OR
  
2. Either the DB-120.1 – Certificate of Disability Benefits Insurance OR the DB-820/829 Certificate/Cancellation of Insurance (the Contractor's insurance carrier will send one of these forms to ITS upon the Contractor's request); OR
  
3. DB-155 – Certificate of Disability Benefits Self-Insurance (the Workers' Compensation Board's Self Insurance Office will send this form to ITS upon request the Contractor's request).