

CE-200 – Certificate of Attestation of Exemption From New York State Workers’ Compensation and/or Disability Insurance Coverage

What is the CE-200 form?	Acceptable proof that the business listed is exempt from providing workers’ compensation and/or disability insurance coverage.
Who provides the CE-200 form?	The CE-200 is only available from Workers’ Compensation Board. The form can be completed either electronically.*
Why it is needed?	To establish proof that a business is exempt from providing workers’ compensation and/or disability insurance coverage for all its employees.
When is it needed?	Prior to any permit being issued or any contract, including purchase orders, being entered into for work.
Who is the certificate holder?	The University at Albany and/or the Research Foundation of the State University of New York
Who are the additional insureds?	N/A

* The CE-200 can be completed [electronically](#) on the Workers’ Compensation Board web site.

Workers’ compensation insurance or proof of exemption is required for a business in which employees are engaged in hazardous employment as defined under article 1, section 3 of the New York State Workers’ Compensation law.

There is no equivalent private insurance version of the CE-200, Certificate of Attestation of Exemption From New York State Workers’ Compensation and/or Disability Insurance Coverage. Exemption from workers’ compensation insurance can only be provided by the NYS Workers’ Compensation Board via the issuance of the CE-200.

The Workers' Compensation Law requires employers to post Form C-105, Notice of Compliance – Workers’ Compensation Law, in all business locations. Employers involved in moving household goods or furniture and/or employers who have no established business locations for employees are required to post a Notice of Compliance, C-105.1, in vehicles they own or operate. The C-105 and the C-105.1 can be obtained from the [State Insurance Fund](#) and was also provided in the renewal information package that employers receive.

The insurance carrier must be rated at least "A-" Class "VII" in the then most recently published A.M. Best Insurance Report. If during the term of the policy, a carriers rating

falls below "A-" Class "VII", the insurance must be replaced no later than the renewal date of the policy with an insurer acceptable to the University.

The next page provides a sample of a CE-200 – Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Insurance Coverage.



**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.


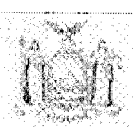
Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>Federal ID Number:</p>	<p align="center">Business Applying For:</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:

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 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: _____
Exemption Certificate Number		Received
		 NYS Workers' Compensation Board