

GSI – 105.2 – Certificate of Participation in Workers’ Compensation Group Self-Insurance

What is the GSI-105.2 form?	Acceptable proof that the business listed participates in group self-insurance for workers’ compensation insurance.
Who provides the GSI-105.2 form?	The self-insurance administrator of the group completes the form.
Why it is needed?	To establish proof that a business has secured workers’ compensation 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

Workers’ compensation insurance 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.

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 GSI-105.2 – Certificate of Participation in Workers’ Compensation Group Self-Insurance.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION
GROUP SELF-INSURANCE**

1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)	1d. Business Telephone Number of Business referenced in box "1a" <hr/> 1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"
1b. Effective Date of Membership in the Group	1f. Federal Employer Identification Number of Business referenced in box "1a"
1c. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded	2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder) SUNY ALBANY 1400 WASHINGTON AVE. ALBANY NY 12222
3. Name and Address of Group Self-Insurer	3. Name and Address of Group Self-Insurer

This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2".

The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

If this certificate is no longer valid according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof 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 of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.

Certified by: _____
(Print name of authorized representative of the Group Self-Insurer)

Certified by: _____
(Signature) (Date)

Title: _____

Telephone Number: _____