

SI – 12 – Affidavit Certifying that Compensation has Been Secured

What is the SI-12 form?	Acceptable proof that the business listed has been approved to carry self-insurance for workers' compensation insurance.
Who provides the SI-12 form?	The Self-Insurance Office of the Workers' Compensation Board issues the SI-12. The Board's secretary will approve the SI-12. The Self-Insurance Office can be contacted at 518-402-0247.
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 next page provides a sample of a SI-12 – Affidavit Certifying that Compensation has Been Secured.



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
20 PARK STREET
ALBANY, NY 12207

THIS AGENCY EMPLOYS AND SERVES
PEOPLE WITH DISABILITIES WITHOUT
DISCRIMINATION.

JEFFREY R. SWEET
ACTING CHAIRMAN

Office of the Secretary

I, _____, Secretary to the Workers' Compensation Board of the State of New York DO HEREBY CERTIFY, that _____ has secured compensation to its employees as a self-insurer in the following manner:

_____ Pursuant to Section 50, subdivision 3 of the Workers' Compensation Law.

_____ Pursuant to Section 50, subdivisions 3 and 4 of the Workers' Compensation Law.
(County, city, village, town, school district, fire district or other political subdivision)

_____ Pursuant to Article 5 of the Workers' Compensation Law. (County Self-Insurance Plan)

The status of the self-insurer was effective as of _____ and such status remains in full force.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed the seal of the Workers' Compensation
Board thisday of _____ 20_____

STATUS CONFIRMED

by

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Secretary to the Board