

INCORPORATED VILLAGE OF THE BRANCH

BUILDING DEPARTMENT

P.O. Box 725 Smithtown, NY 11787

Contractors' Insurance Information

THE FOLLOWING FORMS AND REQUIRED FOR WORKER'S
COMPENSATION AND FOR DISABILITY INSURANCE

WORKERS' COMPENSATION INSURANCE

Accepted on one of the following forms *only**

Form C-105.2 - Certificate of NY State **Workers' Compensation Insurance** Coverage

Form GSI-105.2 (2/02) Certificate of Participation in Workers' Compensation Group Board
approved self-insurance

Form U-26.3 - NY State Insurance Fund Certificate of **Workers' Compensation Insurance**

DISABILITY INSURANCE

Accepted on the following form *only**

Form DB-120.1 - Certificate of Insurance Under the New York State **Disability** Benefits Law

Form DB-155 - Board-approved self-insured employers must obtain this form from Board's
Self-Insurance Office

CERTIFICATE HOLDER:

Incorporated Village of The Branch

40 NY-111

P.O Box 725

Smithtown, NY 11787

EXEMPTION FORM - NEW FORM CE-200

For ***each and every*** new or renewed permit a signed and dated form with a certificate number
must be submitted

Replaced Form WC/DB 100

Affidavit for New York entities with no employees and certain out of state entities, that New York
State Workers' Compensation and/or Disability Benefits Insurance Coverage is not required

Any questions can be directed to:

New York State Workers' Compensation Board

220 Rabro Drive, Suite 100

Hauppauge, NY 11788

866-681-5354

LIABILITY INSURANCE *WILL BE ACCEPTED ON THE ACORD FORM*

*With valid expiration dates