



Date: \_\_\_\_\_

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability and Paid Family Leave Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability and paid family leave benefits insurance.

Please carefully review the instructions before completing the application.

**Exemption Application Instructions:**

This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

For those who require an exemption immediately, please access the *on-line application* that can be found on the New York Business Express website, [www.businessexpress.ny.gov](http://www.businessexpress.ny.gov). Search Index for CE-200 and select How to Apply. You will be able to print the certificate of attestation of exemption after completing the on-line application.

**Instructions:**

1. Applicant Personal Information: Enter the name (first and last), address and phone number. The applicant must **have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client.** The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. Your title: Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. Legal Entity Information: Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. **Example: Corporation (ABC, inc.) or LLC name (XYZ, LLC). if this does not apply, enter the applicant's name.** Doing business as refers to trade name or the name the business is known by.
4. Permit/License/Contract Information: Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany, Orange County Health Department, New York State Department of Transportation.
5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.

6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners.* Sole proprietors can skip this section.

7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.

8. Truthfully select one reason for a Disability and Paid Family Leave Benefits Exemption from box A-G. If none apply, coverage is almost always required.

9. Application must be signed and dated by the applicant.

10. Mail or fax application to:

New York State Workers' Compensation Board  
Bureau of Compliance - CE-200  
328 State Street, Schenectady, NY 12305  
Fax: (518) 486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.

12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit

13. The Board may investigate the entity claiming exemption from coverage. Any false statement representation or concealment will subject the applicant to felony criminal prosecution including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.