



**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.

**In the Application of
(Legal Entity Name and Address):**
JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-111-1111
Federal ID Number: XXXXX6789

**Business Applying For:
BUILDING PERMIT**
From: CITY OF ALBANY, DEPT OF BUILDING AND CODES
 The location of where work will be performed is
123 ACME AVENUE, ALBANY, NY 12203.
 Estimated dates necessary to complete work associated with the building permit are from **October 14, 2008 to March 31, 2009.**
 The estimated dollar amount of project is **\$25,001 - \$50,000**

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:

The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

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:

The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, 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 disability benefits coverage and also immediately **THIS IS A NEW FORM READ. BY NYS COMP. BOARD.** state specific workers' compensation insurance and/or the government entity listed above.

SIGN HERE _____ **Signature:** _____ **Date:** _____

Exemption Certificate Number 2008-00197 **Received** October 2, 2008
 IT IS READ WHEN A CONTRACTOR STATES HE DOES NOT HAVE ANY EMPLOYEES + DOES NOT NEED TO CARRY WORKMAN'S COMP & DISABILITY. **NYS Workers' Compensation Board**