

Town of Ticonderoga

The Industrial and Historic Center of Essex County

Code Enforcement Officer
132 Montcalm Street, Ticonderoga, NY 12883

Telephone (518) 585-9851
Fax (518) 585-7211

ACCEPTABLE INSURANCE FORMS

BP -1: Affidavit of Exemption – (Owner doing all work or paying someone less than 40 hrs. / wk. with homeowners policy.

OR

CE-200: For Contractors (with no employees) Can be filled out online and a copy download at www.wcb.state.ny.us

OR

The following forms are received from the insurance carrier.

ONE OF THE FOLLOWING

C-105.2 OR U-26.3: Certificate of Workmen's Compensation Insurance

SI-12 OR GSI-105.2: Certificate of Participation in Worker's Compensation Self-Insurance

AND ONE OF THE FOLLOWING

DB-120.1: Certificate of Disability Benefits Insurance

DB-155: Certificate of Disability Benefits Self Insurance

NOTE: WE CANNOT ACCEPT ACCORD FORMS

Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____, _____ _____ (County Clerk or Notary Public)

Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.