

AS OF DECEMBER 1, 2008

Worker's Compensation Insurance Requirements

PLEASE BE ADVISED THAT THE FOLLOWING FORMS ARE THE ONLY ACCEPTABLE FORMS FOR PROOF OF WORKER'S COMPENSATION UNDER WCL SEC. 57:

**** ACCORD FORMS ARE NOT ACCEPTABLE FOR WORKER'S COMPENSATION****

CE-200 (Replaces WC/DB-100 form)

C-105.2 (Replaces Accord Form)

U-26.3 (NY State Insurance Form)

GSI-105.2 (Group Self Insurance)

BP-1 (Property Owner Affidavit)

INSURANCE CAN BE FAXED TO (516) 624-6495

THE TOWN MUST ALSO RECEIVE THE ORIGINAL BY MAIL

Certificate Holder must be listed as:

**The Town of Oyster Bay
74 Audrey Avenue
Town Hall
Oyster Bay, New York 11771**

**** A copy of the Nassau County Home Improvement License is required for all RESIDENTIAL WORK.**