



Town of Oyster Bay
Department of Planning and Development
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WORKERS' COMPENSATION INSURANCE REQUIREMENTS

PLEASE BE ADVISED THAT THE FOLLOWING FORMS ARE THE ONLY ACCEPTABLE FORMS FOR PROOF OF WORKERS' COMPENSATION INSURANCE UNDER NEW YORK STATE WCL SECTION 57:

CE-200 (REPLACES WC/DB-100/BP-1 FORMS)

****PROPERTY OWNERS LOOKING TO OBTAIN A CE-200 FORM CAN VISIT <http://www.wcb.ny.gov> AND FOLLOW THE ON-SCREEN INSTRUCTIONS****

C-105.2 (REPLACES ACCORD FORM)

****ACCORD FORMS ARE NOT ACCEPTABLE FOR WORKERS' COMPENSATION****

U-26.3 (STATE INSURANCE FORM)

GSI-105.2 (GROUP SELF-INSURANCE)

THE CERTIFICATE HOLDER MUST BE LISTED AS FOLLOWS:

**THE TOWN OF OYSTER BAY
TOWN HALL
74 AUDREY AVENUE
OYSTER BAY, NEW YORK 11771**

RESIDENTIAL CONSTRUCTION REQUIRES:

- 1.) A COPY OF THE GENERAL CONTRACTOR'S NASSAU COUNTY HOME IMPROVEMENT LICENSE.
- 2.) A COPY OF THE GENERAL CONTRACTOR'S WORKERS' COMPENSATION INSURANCE CERTIFICATE.

COMMERCIAL CONSTRUCTION REQUIRES:

- 1.) A COPY OF THE GENERAL CONTRACTOR'S WORKERS' COMPENSATION INSURANCE CERTIFICATE.

****IN ALL CASES (RESIDENTIAL AND COMMERCIAL) WHEN AN APPLICATION REQUIRES A PLUMBER AND/OR ELECTRICIAN, THE PLUMBER AND THE ELECTRICIAN MUST BE LICENSED BY THE TOWN OF OYSTER BAY WITH PROOF OF LIABILITY INSURANCE AND WORKERS' COMPENSATION INSURANCE.****

INSURANCE FORMS CAN BE FAXED TO (516) 624-6495

(Revised 10/23/2023)