



THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

RE: Grants Management System-01

Certificate holder and Appendix E, per contract are as an Additional Insured for General Liability as their interest may appear with respect to work performed by the Named Insured

CERTIFICATE HOLDER		CANCELLATION	
<p>DASNY 515 Broadway Albany, NY 12207 Attn: Procurement Unit</p>		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY XXXXXXXXXXXXXXXXXXXXXXXX MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE</p> <p>LEFTXXX XX XXXXXXXXXX</p>	
		<p>AUTHORIZED REPRESENTATIVE Your Representative</p>	

Pursuant to NYS Workers' Compensation Law DASNY can no longer except ACORD certificates as evidence of Workers' Compensation and/or NYS Disability. Provided below is a complete list of forms that are acceptable. Please call if you have any questions.

Workers' Compensation Law Requirements

Workers' Compensation (including occupational disease) and Employer's Liability New York Statutory Endorsement with a minimum limit of one million Dollars (\$1,000,000.00) as evidenced by **ONE** of the following.

1. C-105.2 (9/07 or later) – Certificate of Workers' Compensation Insurance. The insurance carrier will provide a completed form as evidence of in-force coverage.
2. U-26.3- Certificate of Workers' Compensation Insurance from the State Insurance Fund. The State Insurance Fund will provide a completed form as evidence of in-force coverage.
3. GSI-105.2 /SI-12- Certificate of Workers' Compensation Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office or the contractor's Group Self Insurance Administrator will provide a completed form.

Disability Benefits

1. DB-120.1 or DB-820/829 (5/06 or later) - Certificate of Disability Benefits. The insurance carrier will provide a completed form as evidence of in-force coverage.
2. DB-155- Certificate of Disability Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office will provide a completed form.

Exemptions

DASNY will no longer accept WC/DB 101 for Out of State or Foreign Employers working in New York State. Effective September 9, 2007 this form is obsolete.

For institutions claiming exemption from providing Disability Benefits insurance as required by law:

CE-200 – Certificate of Attestation of Exemption from Workers Comp and/or Disability Benefits insurance coverage.

DASNY will no longer accept exemptions from providing Workers' Compensation insurance coverage (WC/DB 100). This insurance will be required of all businesses contracting with DASNY. One of the forms listed above as required by law must be submitted as proof of coverage.

(A CE-200 form may be obtained at the NYS Workers Compensation website <http://www.wcb.state.ny.us/content/main/forms/AllForms.jsp> and can be completed in either a "Web-based Application" or a "Paper Application".)