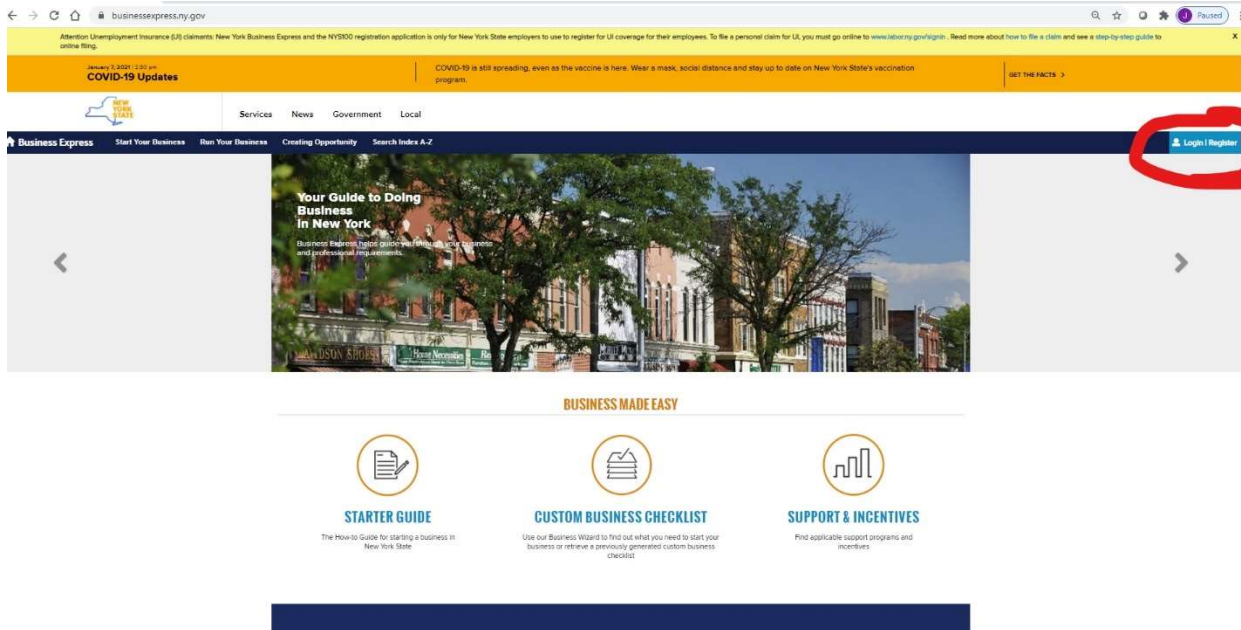


Workman's Compensation CE-200 Homeowner Application

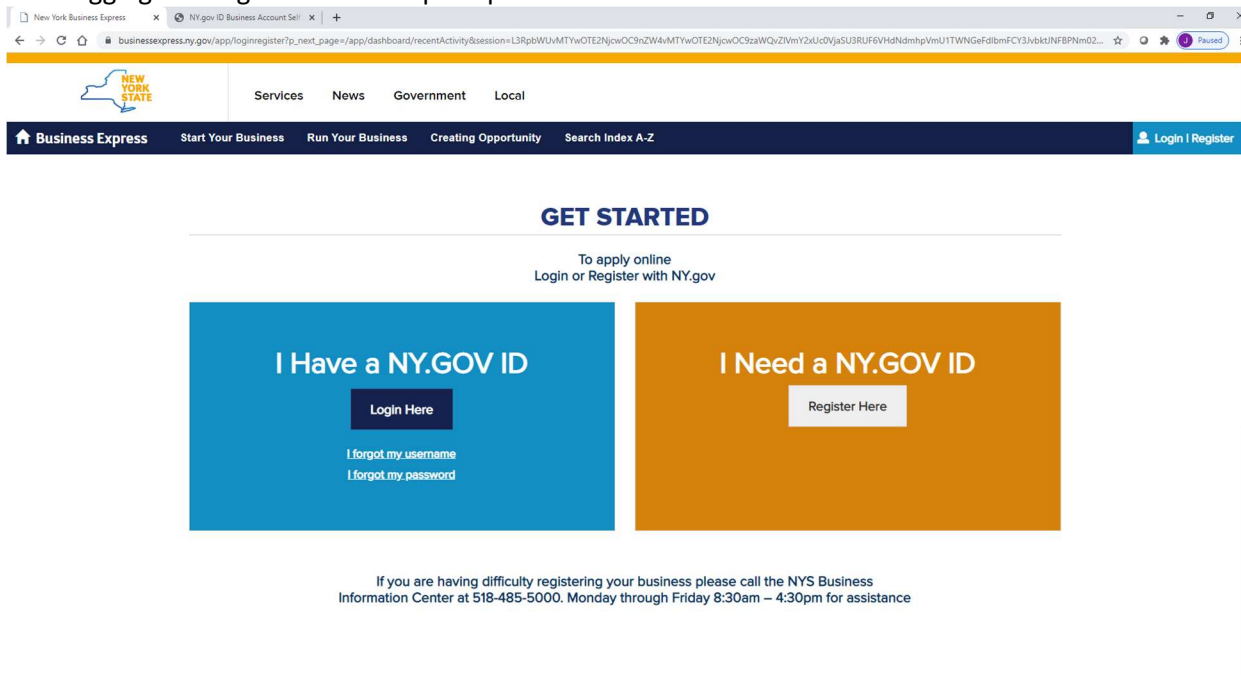
Open browser to:

businessexpress.ny.gov

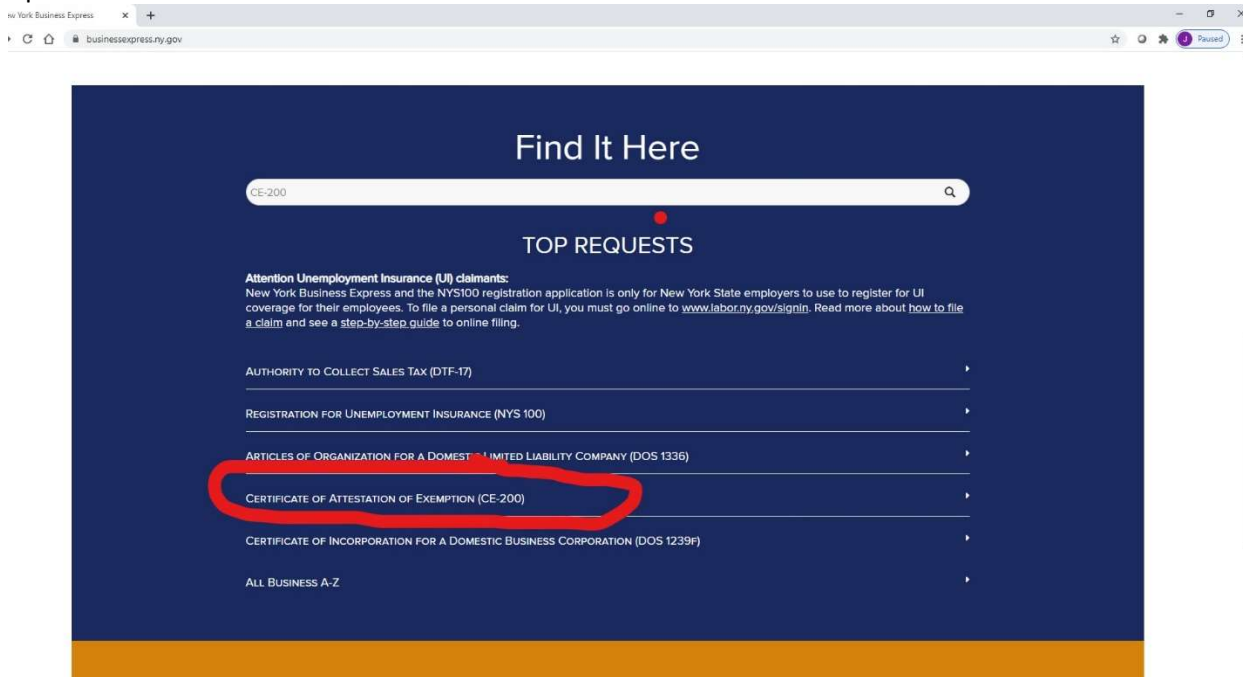
Click "Login/Register" light blue icon at top right of screen



Complete registration with "I need a NY.GOV ID" If you have an account already, you will be notified and will get help with logging in using the website's prompts.

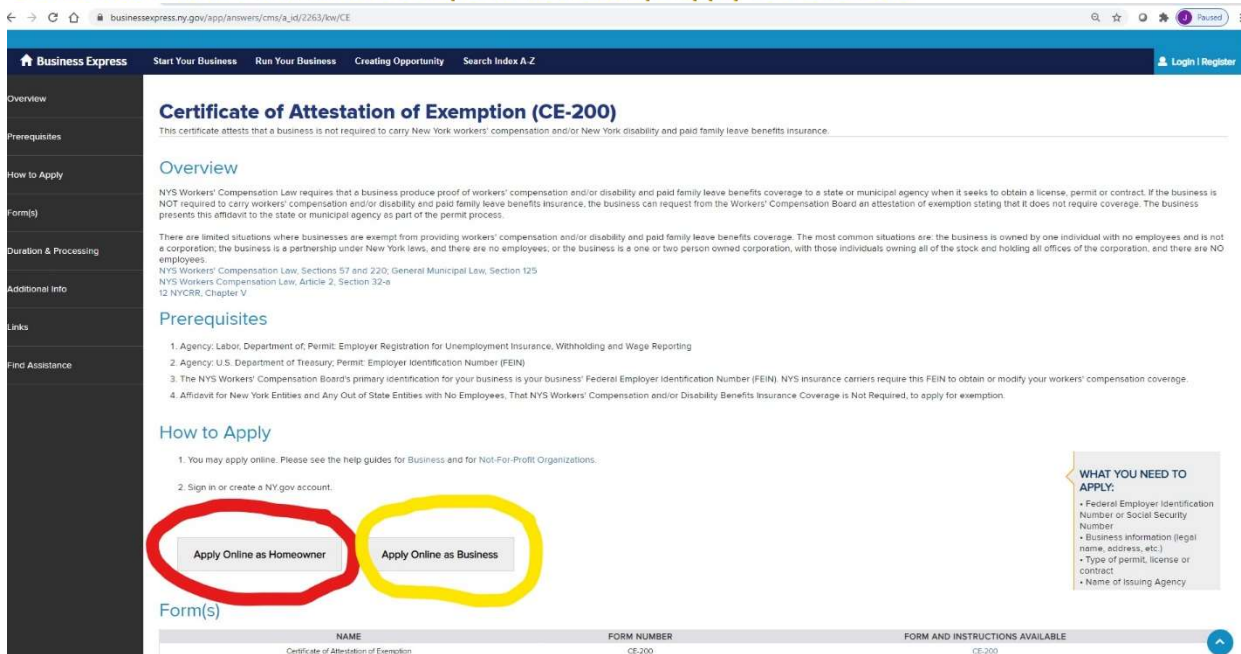


Once signed in, go back to businessexpress.ny.gov and Scroll to “Find It Here” and click “Certificate of Attestation of Exemption”

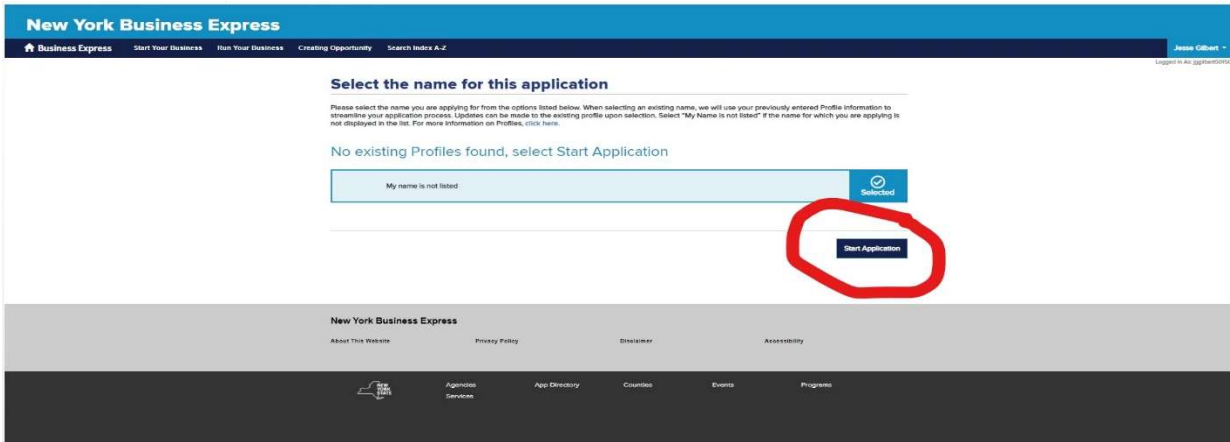


Homeowners apply as a homeowner.

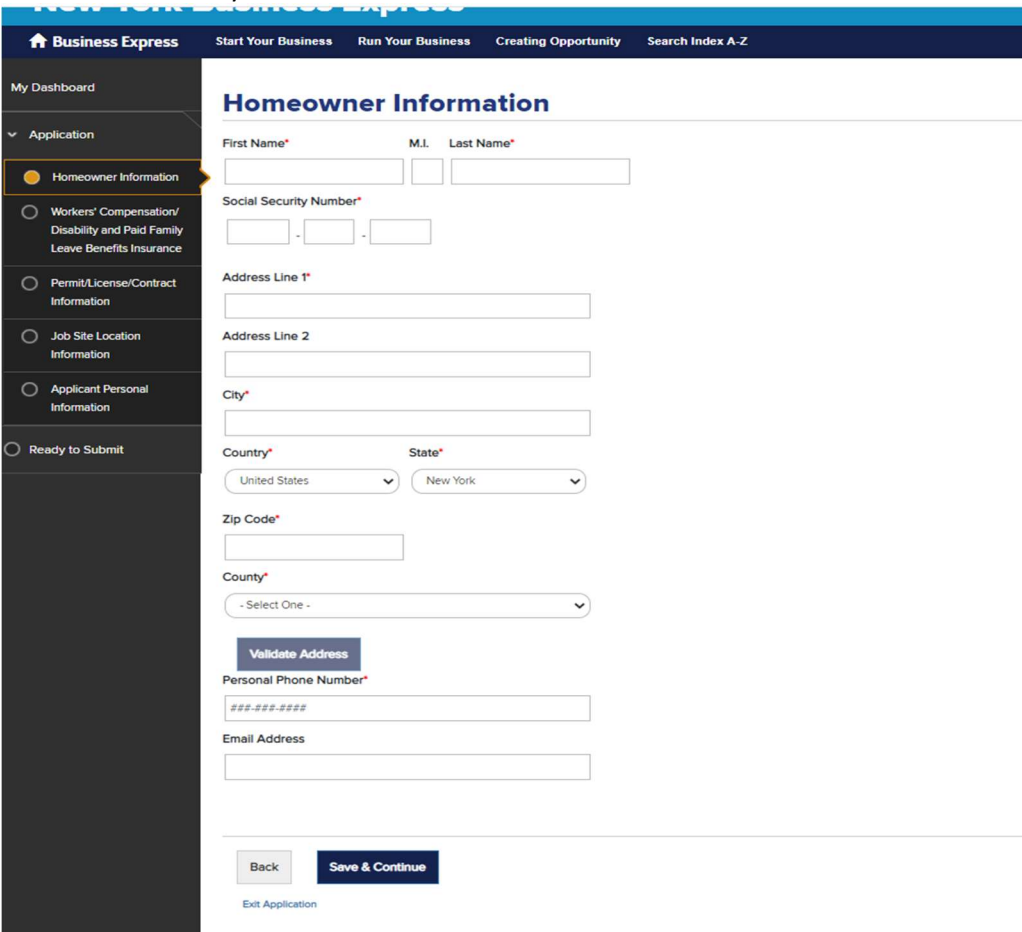
Businesses that are workman’s compensation exempt apply as a business.



You will need to start a new application



Enter Homeowner Contact Information and Address. Save and Continue. You will need to validate address after entering before it will allow you to save and continue.



NO SCREENSHOT AVAILABLE FOR PERMIT/LICENSING/CONTRACT PAGE

Select permit type that corresponds to the project. City of Oneida is permitting agency.

Enter Jobsite Information and Project Dates. CE-200 is good for one year, as are building permits. They can be renewed if permit needs to likewise be renewed. Cost of job should include materials AND labor.

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information**
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information

Ready to Submit

Job Site Location Information

Project Dates Cannot Exceed 1 Year

Project From Date *
12/29/2020

To Date *
12/28/2021

Estimated Dollar Value *
- Select One -

Address Line 1*

Address Line 2

City*
buffalo

State*
New York

Zip Code*

County*
Erie

[Back](#) [Save & Continue](#)

[Exit Application](#)

Select pertinent option for Worker's Compensation Exemption as detailed in the job.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions**
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information

Ready to Submit

Workers' Compensation Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State workers' compensation insurance coverage*

- The applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner is performing all the work, has only uncompensated friends and family working on his/her residence, or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.
- Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
- The applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).
- None of the above apply to applicant's situation

[Back](#) [Save & Continue](#)

[Exit Application](#)

Select Disability and Paid Family Leave Benefits Coverage Exemptions

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions**
- Applicant Personal Information
- Ready to Submit

Disability and Paid Family Leave Benefits Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State disability and paid family leave benefits insurance coverage*

The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner 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 and Paid Family Leave Benefits Law)

None of the above apply to applicant's situation.

[Back](#) [Save & Continue](#)

[Exit Application](#)

Enter Applicant Information. Homeowner would write same information as homeowner information page.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions**
- Applicant Personal Information**
- Ready to Submit

Applicant Personal Information

Select the individual who is submitting the application*

Other

Title*

First Name* MI Last Name*

Address Line 1*

Address Line 2

City*

Country* State*

United States New York

ZIP/Postal code

Personal Phone #*

Personal E-mail

[Back](#) [Save & Continue](#)

[Exit Application](#)

Attestation is a statement conveying information is true and accurate as submitted under penalty of law.

The screenshot shows the 'Attestation' page in the New York Business Express portal. The header includes 'New York Business Express' and navigation links: 'Business Express', 'Start Your Business', 'Run Your Business', 'Creating Opportunity', and 'Search Index A-Z'. A left sidebar contains a 'My Dashboard' menu with options: 'Application', 'Ready to Submit', 'Application Summary' (checked), 'Attestation' (highlighted), 'Ready to Submit Application', and 'Complete'. The main content area is titled 'Attestation' and contains the following text: 'By clicking the button below and submitting the information requested on this Web application, you are attesting to the fact that all information provided is true and that you are the individual whose name is submitted or have the authority to sign on behalf of the applicant (legal entity) obtaining the permit, license or contract. It is a felony to make a false statement or representation to the Board for the purposes of evading the provisions of the Workers' Compensation Law of New York State.' Below this text is a checkbox labeled 'I agree'. At the bottom, there are 'Back' and 'Save & Continue' buttons, and a link for 'Exit Application'.

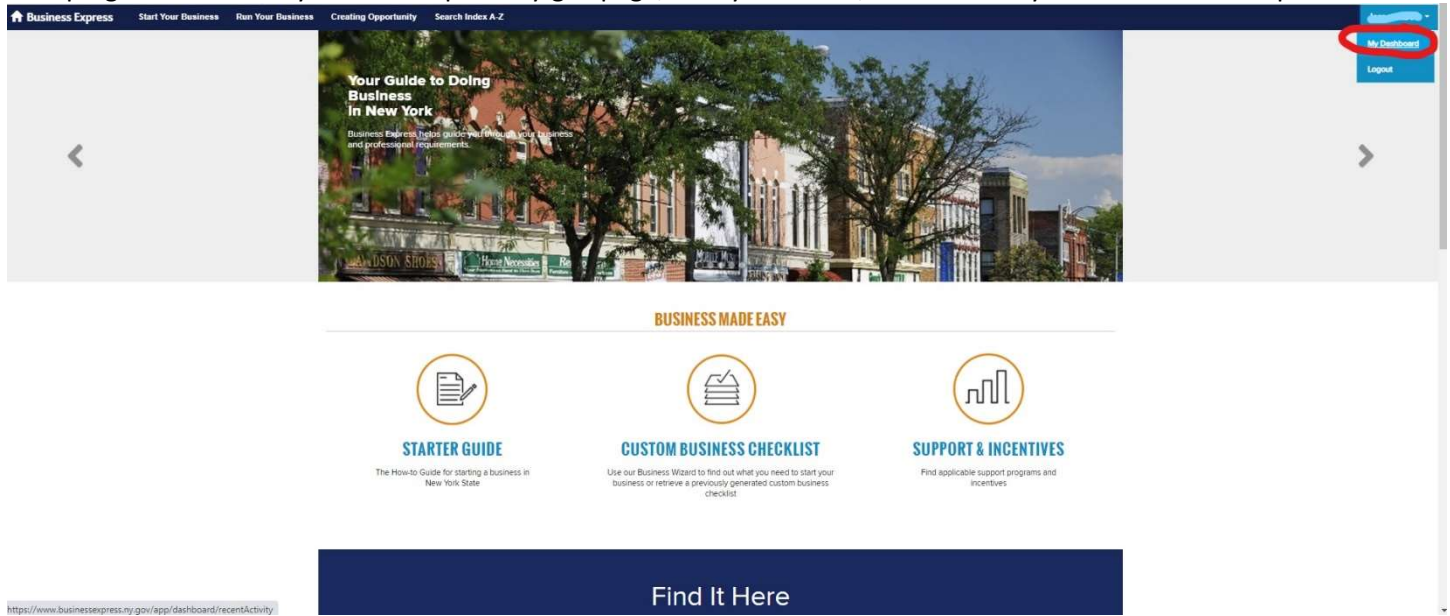
Submit application if all information is correct and you have attested to its accuracy.

The screenshot shows the 'Ready to Submit Application' page in the New York Business Express portal. The header and navigation are identical to the previous screenshot. The left sidebar menu is updated: 'Application Summary' and 'Attestation' are now checked, and 'Ready to Submit Application' is highlighted. The main content area is titled 'Ready to Submit Application' and contains the following text: 'By clicking the "Submit Application" button below you are confirming that you have reviewed and attested to the information in your application summary. Once submitted your application will be sent for agency processing. You can visit your Dashboard at any time to track the status of your application.' Below this text are 'Back' and 'Submit Application' buttons, and a link for 'Exit Application'.

You will see an application confirmation page if application is successfully submitted.

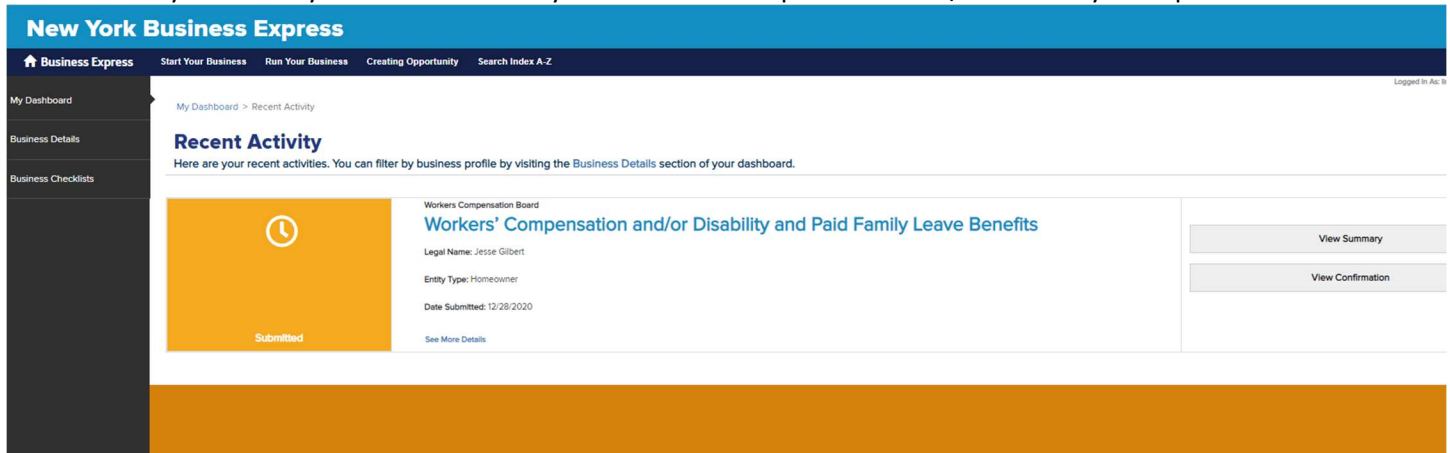
The screenshot shows the 'Application Confirmation' page in the New York Business Express portal. The header and navigation are identical. The breadcrumb trail is 'Home > Application Confirmation'. The main content area is titled 'Application Confirmation' and contains the following text: 'Your application for a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance has been successfully submitted on 12/28/2020 10:18 AM. The confirmation details are listed below. You will also receive this information via email.' Below this text, the 'Entity Name' and 'Application ID' are displayed with redacted information. The text continues: 'You can always visit the Recent Activity section of your dashboard to check the status of your application(s) and to view or print your application(s)/certificate(s). Thank you for using the New York Business Express portal.' At the bottom, there are links for 'Return to Home Page' and 'Logout'.

At top right corner of any [businessexpress.ny.gov](https://www.businessexpress.ny.gov) page, click your name, then click “My Dashboard” on drop down menu

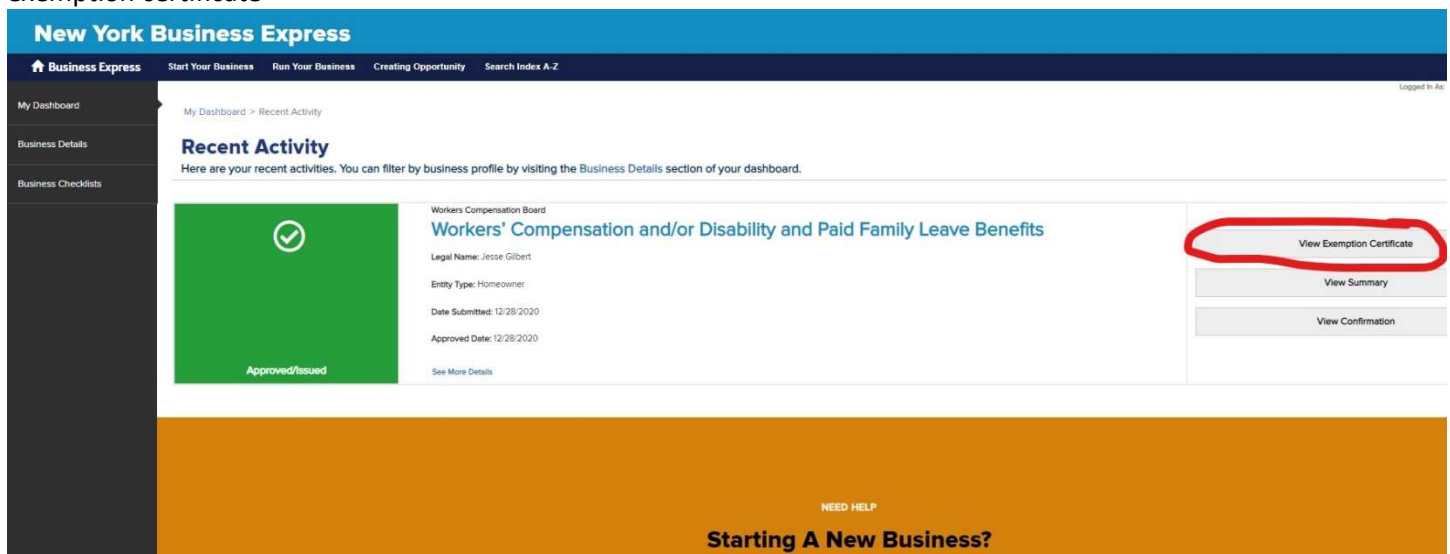


<https://www.businessexpress.ny.gov/app/dashboard/recentActivity>

Recent activity will show you have submitted your Worker’s Compensation and/or Disability Exemptions



Within a few minutes, it should change to a green rectangle showing approved. You will now be able to click “view exemption certificate”



****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 and paid family leave 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): [REDACTED] PHONE: [REDACTED] FEIN: [REDACTED]	Business Applying For: Building Permit From: Town of Lancaster The location of where work will be performed is [REDACTED] Estimated dates necessary to complete work associated with the building permit are from December 29, 2020 to December 28, 2021. The estimated dollar amount of project is \$0 - \$10,000
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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 applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner has **ONLY** uncompensated friends and family working on his/her residence or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.

Disability and Paid Family Leave Benefits Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner 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 and Paid Family Leave Benefits Law.)

I, Jesse Gilbert, am the Homeowner 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 and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: [REDACTED]	Date: December 28, 2020
Exemption Certificate Number 2020-070672		Received December 28, 2020

SIGN AND DATE CERTIFICATE AT BOTTOM OF PAGE. THIS IS A LEGALLY BINDING DOCUMENT AND MUST BE SIGNED TO BE OFFICIAL. YOU WILL MAKE 2 TRIPS TO TOWN HALL IF YOU FORGET TO SIGN AND DATE THIS PAGE.

We will accept a digitally signed certificate if you do not have a printer, but ask anyone capable of printing this document.