



## CITY OF WHITE PLAINS

### DEPARTMENT OF BUILDING

7-11 South Broadway - Suite 100, White Plains, New York 10601

Phone: (914) 422 - 1269 \* Fax: (914) 422 - 1471

<http://www.cityofwhiteplains.com/>

Print Form

## INSURANCE COMPLIANCE

**APPLICATION WILL NOT BE ACCEPTED WITHOUT A CERTIFICATE OF INSURANCE!**

CERTIFICATE IS TO BE MADE OUT TO THE CITY OF WHITE PLAINS AS HOLDER. LIABILITY POLICY SHALL INCLUDE THE CITY OF WHITE PLAINS AS ADDITIONAL INSURED AND ALL POLICIES SHALL PROVIDE 30 DAYS NOTICE TO THE CITY OF WHITE PLAINS PRIOR TO CHANGE OR CANCELLATION

Please submit the following information on a Certificate of Insurance form from your insurance company at the time of submitting application:

**Contractor's Applications** - ( With employees).

- A)----- GENERAL LIABILITY                      \$1,000,000 coverage each occurrence
- B)----- AUTOMOTIVE LIABILITY                      \$1,000,000 coverage
- C)----- WORKER'S COMPENSATION                      STATUTORY (Acord Form **not** acceptable)\*
- D)----- N.Y. STATE DISABILITY                      STATUTORY (Acord Form **not** acceptable)\*

CONTRACTORS WITH **NO** EMPLOYEES SHALL PROVIDE ITEMS A. & B. PER ABOVE REQUIREMENTS AND A APPROVED NYS WORKER'S COMPENSATION BOARD FORM #CE-200(06-08). CONTRACTOR UNDERSTANDS THAT PERMIT MAY NOT BE ISSUED IF STAMPED FORM IS NOT SUBMITTED TO BUILDING DEPARTMENT.

**Homeowner's Applications** - All work to be performed by homeowner with no employees.

- Homeowner shall provide proof of general liability insurance of \$500,000 with City of White Plains as additionally insured or provide proof of Umbrella policy for \$1,000,000.
- Homeowner shall submit a completed NYS Workers' Compensation Board form #BP-1(9-07).\* (One completed #BP-1(9-07) satisfies both Workers' Compensation & Disability requirements.)

\*NOTE: Effective 12/01/08 only the following completed forms approved by the State of New York Workers' Compensation Board shall be accepted by the City of White Plains Building Department as proof of insurance compliance.

WORKERS' COMPENSATION- #CE-200 (06-08) ; #C-105.2 or U-26.3; #SI-12  
DISABILITY REQUIREMENTS -#CE-200(06-08) ; #DB-120.1 ; #DB-155

Any questions relating to these forms should be directed to the Board's Bureau of Compliance at 866-298-7830 or go to their Official Website: [www.wcb.state.ny.us](http://www.wcb.state.ny.us).