

**Village of Menands
Building Permit Insurance Form**

For Official Use Only

Submitted: _____ 20____	Approved/Rejected By: _____
Examined: _____ 20____	_____
Approved/Rejected: _____ 20____	

Section 1: Property Owner and Project Site Information

Property Owner Information
Name: _____
Address: _____
Phone Number: _____
Email: _____

Project Site Information
Address: _____
S.B.L: _____

Section 2: Liability Insurance

1. In accordance with Village and New York State law, all property owners and/or contractors *must* submit proof of Liability Insurance prior to issuance of any building or demolition permit.
2. Liability insurance must name the *Village of Menands* as insured or co-insured for the entire duration that a permit is to be active.
3. Liability policies, at a minimum, must be in the following amounts:
 - A. \$100,000.00 – Personal Injury (Single incident)
 - B. \$300,000.00 – Personal Injury (Cumulative)
 - C. \$50,000.00 – Property Damage
4. Liability insurance requirements can be satisfied by any of the following methods:

- A. An individual property owner may have the Village of Menands named as co-insured on a policy, in the amounts equal to that required by the Village, in connection with the individual job; or
- B. The contractor may file an ‘Owner’s and Contractor’s Protective Liability Policy’, naming the Village of Menands as additional insured, for the individual job, in the amounts required; or
- C. The contractor may file a blanket policy with the Village, covering all work to be undertaken within the period of the policy.

Method (see above) selected for satisfaction of liability insurance requirements:

- Method A Method B Method C

- 5. All policies must read, in the description box, *Village of Menands* as additionally insured.
- 6. Proof of Liability insurance must come in the form of a Certificate of Liability Insurance, which is to be submitted with this Insurance Form. The applicant is to contact the insurance provider to obtain the necessary certificate.

Section 3: Workers’ Compensation and Disability Benefits

- 1. In accordance with Village and New York State law, no municipality shall issue a permit to an applicant without prior proof of:
 - A. Workers’ Compensation Insurance, issued by an insurance carrier, or proof of self or group self-insurance, in a form satisfactory to the Village; and
 - B. Disability Benefits Insurance Coverage, issued by an insurance carrier, or proof of self or group self-insurance, in a form satisfactory to the Village; or
 - C. Legal exemption from obtaining workers’ compensation insurance coverage and disability benefits coverage.
- 2. To prove Workers Compensation coverage, homeowners and/or business owners listed as the general contractor on building permits are to complete:
 - A. C-105.2 Certificate of Workers’ Compensation Insurance
- 3. To prove Disability Benefits coverage, homeowners and/or business owners listed as the general contractor on building permits are to complete:
 - A. DB-120.1 Certificate of Disability Benefits Insurance
- 4. To prove exemption from providing Workers Compensation and Disability Benefits coverage, homeowners and/or business owners listed as the general contractor on building permits are to complete:
 - A. CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage; or
- 5. The necessary forms to prove coverage or exemption can be found in the following locations:
 - A. C-105.2 – The homeowner/business owner’s insurance carrier will send this form upon request.

- B. DB-120.1 - The homeowner/business owner's insurance carrier will send this form upon request.
- C. CE-200 – File electronically by following www.wcb.ny.gov

<p>Proof of Workers' Compensation and Disability Benefits Coverage:</p> <p>Workers' Compensation Coverage: <input type="checkbox"/>C-105.2</p> <p>Disability Benefits Coverage: <input type="checkbox"/>DB-120.1</p> <p>Exemption: <input type="checkbox"/>CE-200</p>

Certificate Verification.

Please note that this office verifies submitted Certificates with the New York State Workers' Compensation Board to ensure that the coverage is valid. Invalid certificates may result in an application being denied, and/or the certificates forwarded to the New York State Workers' Compensation Board for further investigation.

More information can be found at the New York State Workers Compensation Board website at <http://www.wcb.ny.gov>.

End of Insurance Form

I declare, subject to penalty of perjury, that statements made herein are true and correct to the best of my knowledge.

Owner/Agent Signature: _____ Date: _____
Owner/Agent Name (Printed): _____ Date: _____

Before digging, call Dig Safely New York excavation notification center at 1-800-962-7962 to locate utilities.