



Insurance Guidelines

- ☐ Your license/registration/tracking number(s) must appear on all forms.
- ☐ Your business name and address must match Department records.
- ☐ Any corrected forms must be submitted by your insurance producer or insurance broker.
- ☐ The Certificate Holder box must read:

New York City Department of Buildings
Attn: Licensing Unit
280 Broadway, 6th Floor
New York, NY 10007

- ☐ If you update a cancelled policy, you must submit a letter of re-instatement along with the updated insurance certificate.
- ☐ All information must be typed. Handwritten corrections are not accepted.

GENERAL LIABILITY INSURANCE

- ☐ Each occurrence must be a minimum of 1 million dollars.
- ☐ Your insurance producer/broker must provide their business name, location and an office phone number.

Accepted Forms:

- Acord 25 (2009/01) – Certificate of Liability Insurance
- Acord 25 (2009/09) – Certificate of Liability Insurance
- Acord 25 (2010/05) – Certificate of Liability Insurance

WORKERS' COMPENSATION INSURANCE

- ☐ The business telephone number is required on C105.2 (9/07) and GSI 105.2 (2/02).

Accepted Forms:

- U26.3 – Certificate of Workers' Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) – Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) – Certificate of Participation in Workers' Compensation

DISABILITY INSURANCE

- ☐ A business telephone number must be included.
- ☐ Your insurance policy number and Federal Employer Identification Number (EIN) must appear on your Disability certificate.

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Robert LiMandri, Commissioner

Licensing Unit: (212) 566-4100
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Accepted Forms:

- DB 120.1 (5/06) – Certificate of Compliance with Disability Benefits Law

EXEMPTION FROM WORKERS' COMPENSATION & DISABILITY INSURANCE

You may submit an Affidavit of Exemption from worker's compensation and disability insurance if there are no employees in your company. **Note: General Contractors (Registered/Non-Registered) and Safety Registration applicants cannot submit an affidavit of exemption.**

- ☐ You must submit the original Affidavit (not a copy).
- ☐ Your Affidavit must have an original signature and date.

Accepted Forms:

- CE-200 – Certificate of Attestation of Exemption from New York State Worker's Compensation and/or Disability Benefits Insurance Coverage

SUBMITTING CERTIFICATES

New Certificates:

Submit documents in person to:
Licensing Unit
Department of Buildings
280 Broadway, 6th Floor
New York, NY 10007

Updating Certificates:

Submit documents by:

Email: Licensingdob@buildings.nyc.gov (for general contractor and safety registration only).

Fax: (212) 566-3062 or (212) 566-3745

(212) 442-2758 (General Contractors)

Mail: Licensing Unit
NYC Department of Buildings
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