

U-26.3 – New York State Insurance Fund Certificate of Workers’ Compensation Coverage

What is the U-26.3 form?	Acceptable proof that the business has workers’ compensation coverage through the New York State Insurance Fund.
Who provides the U-26.3 form?	The U-26.3 is only available through from the New York State Insurance Fund.*
Why it is needed?	To establish proof that a business has secured workers’ compensation insurance coverage for all its employees.
When is it needed?	Prior to any permit being issued or any contract, including purchase orders, being entered into for work
Who is the certificate holder?	The Research Foundation for The State University of New York
Who are the additional insureds?	N/A

* The U-26.3 can be obtained from any [Business Office](#) of the New York State Insurance Fund.

Workers’ compensation insurance is required for a business in which employees are engaged in hazardous employment as defined under article 1, section 3 of the New York State Workers’ Compensation law.

The Workers' Compensation Law requires employers to post Form C-105, Notice of Compliance – Workers’ Compensation Law, in all business locations. Employers involved in moving household goods or furniture and/or employers who have no established business locations for employees are required to post a Notice of Compliance, C-105.1, in vehicles they own or operate. The C-105 and the C-105.1 can be obtained from the [State Insurance Fund](#) and was also provided in the renewal information package that employers receive.

All NYS licensed workers’ compensation carriers issue the C-105.2, Certificate of NYS Workers’ Compensation Insurance Coverage, which is equivalent to the U-26.3 New York State Insurance Fund Certificate of Workers’ Compensation Coverage.

The next page provides a sample of a U-26.3 – New York State Insurance Fund Certificate of Workers’ Compensation Coverage.



New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100
Phone: (888) 997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

POLICYHOLDER		CERTIFICATE HOLDER	
		STATE UNIVERSITY OF NEW YORK @ ALBANY ATTN: _____ 1400 WASHINGTON AVENUE ALBANY NY 12222	
POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE
		01/01/2009 TO 05/01/2010	1/8/2009

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2058 840-6 UNTIL 05/01/2010, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 05/01/2010 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790
VALIDATION NUMBER: 107031806