

# Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ✦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit; OR
- ✦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner )

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed )

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>Sworn to before me this _____ day of _____</p> <p>_____</p> <p>_____ (County Clerk or Notary Public)</p>
---

**LAWS OF NEW YORK, 1998  
CHAPTER 439**

The general municipal law is amended by adding a new section 125 to read as follows:

**§ 125. ISSUANCE OF BUILDING PERMITS.** NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

**Implementing Section 125 of the General Municipal Law**

**1. General Contractors and Business Owners**

For businesses listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ✦ insured (C-105.2 or U-26.3),
- ✦ self-insured (SI-12), or
- ✦ are exempt (C-105.21),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

**2. Owner-occupied Residences**

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1(3/99).

- ✦ Form BP-1(3/99) shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ✦ is performing all the work for which the building permit was issued him/herself,
  - ✦ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ✦ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ✦ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(3/99), but shall either:
  - ✦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form), OR
  - ✦ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

**STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD**

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

**STATEMENT FOR A GOVERNMENT ENTITY THAT A BUSINESS DOES NOT REQUIRE  
WORKERS' COMPENSATION AND/OR DISABILITY BENEFITS COVERAGE**

Applicant's Name	Business or Trade Name, If Different
Applicant's Home Address	Business Address (Physical Location), If Different
Home Telephone Number	Business Telephone Number, If Different
Type of Business	Federal Employer Identification Number

Under penalty of perjury, I certify that the above business does not hire sub-contractors and does not require

☐ Workers' Compensation Coverage ☐ Disability Benefits Coverage because:

- ☐ the business is owned by one individual with no employees and is not a corporation.
- ☐ the business is a partnership under the laws of New York State, and there are no employees.
- ☐ the business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation, and there are no employees.
- ☐ the business does not require disability benefits coverage at this time since it has not employed one or more individuals on each of at least 30 days in any calendar year.
- ☐ (Please specify other reason)

I also agree to acquire appropriate worker's compensation and disability benefits coverage for the above business, if circumstances change so that such coverage is required.

Date Signed: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature of Business Owner, Partner or Corporate Officer)

Requested Effective Dates: from \_\_\_\_\_ to \_\_\_\_\_ Title: \_\_\_\_\_  
(One Year Maximum)

(Business Owners: Please Send Completed Application to nearest WCB Enforcement Unit.)

**NOTICE**

**ANY FALSE STATEMENT, REPRESENTATION, OR CONCEALMENT WILL SUBJECT YOU TO FELONY CRIMINAL PROSECUTION, INCLUDING JAIL AND CIVIL LIABILITY IN ACCORDANCE WITH THE WORKERS' COMPENSATION LAW**

In conformance with Sections 57 and 220 Subd. 8 of the Workers' Compensation Law, based on the foregoing certification made by the above business, the Workers' Compensation Board has no objections, at this time, to the issuance of requested permits or contracts.

Date Signed: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature of WCB Employee)

Telephone Number: \_\_\_\_\_ Title: \_\_\_\_\_

**Please Note: This Statement is valid only from \_\_\_\_\_ to \_\_\_\_\_ (one year maximum). At the expiration of this term, if the business continues to be named on a permit or contract issued by a government entity, the business must provide that government entity with a new Statement. The business must provide a Certificate of Workers' Compensation and Disability Benefits Coverage to the government entity if circumstances change so that such coverage is required during this period. Further, it is understood that the Board reserves the right to request revocation of the permit or contract if, after investigation, it is found that the above business is required to have workers' compensation and/or disability benefits coverage.**

**\*\*This form cannot be used to waive the workers' compensation rights or obligations of a subcontractor\*\***