

Insurance Type	Required for:	Accepted Forms	Additional Information
General Liability	<ul style="list-style-type: none"> <li>• Master Plumber</li> <li>• Master Fire Suppression</li> <li>• Electrician</li> <li>• Elevator Director</li> <li>• Rigger (Master/ Special)</li> <li>• Sign Hangers (Master/ Special)</li> <li>• General Contractor</li> </ul>	<ul style="list-style-type: none"> <li>• Accord 25 (2009/01) - <i>Certificate of Liability Insurance</i></li> <li>• Accord 25 (2009/09) - <i>Certificate of Liability Insurance</i></li> </ul>	<ul style="list-style-type: none"> <li>• On the Certificate of Liability Insurance, <i>only liability</i> is accepted. Workers' Compensation and Disability must be submitted on separate certificates</li> <li>• Artisan policies are not acceptable for Registered General Contractor Including New 1/2/3 Family Homes. This includes all certificates with a policy number containing an "ART" prefix or suffix.</li> <li>• Each occurrence must be a minimum of one million dollars (1,000,000)</li> <li>• Insurance Broker/Producer must provide office phone number along with business name and location.</li> </ul>
Workers' Compensation	<ul style="list-style-type: none"> <li>• Master Plumber</li> <li>• Master Fire Suppression</li> <li>• Electrician</li> <li>• Oil Burner Equipment Installer</li> <li>• Elevator Director</li> <li>• Rigger (Master/ Special)</li> <li>• Sign Hanger (Master/ Special)</li> <li>• General Contractor</li> </ul>	<ul style="list-style-type: none"> <li>• U26.3 - <i>Certificate of Workers' Compensation Ins (Only for NYS Insurance Fund)</i></li> <li>• C105.2 (9/07) - <i>Certificate of Workers' Compensation Insurance</i></li> <li>• GSI 105.2 (2/02) - <i>Certificate of Participation in Workers' Compensation</i></li> </ul>	<ul style="list-style-type: none"> <li>• Telephone No.: Business telephone number is required on C105.2 (9/07) and GSI 105.2 (2/02)</li> </ul>
Disability	<ul style="list-style-type: none"> <li>• Master Plumber</li> <li>• Master Fire Suppression</li> <li>• Electrician</li> <li>• Oil Burner Equipment Installer</li> <li>• Elevator Director</li> <li>• Rigger (Master/ Special)</li> <li>• Sign Hanger (Master/ Special)</li> <li>• General Contractor</li> </ul>	<ul style="list-style-type: none"> <li>• DB 120.1 (5/06) - <i>Certificate of Compliance with Disability Benefits Law</i></li> </ul>	<ul style="list-style-type: none"> <li>• Telephone No.: Business telephone number is required</li> </ul>
Affidavit of Exemption from WC and Disability	<ul style="list-style-type: none"> <li>• Master Plumber</li> <li>• Master Fire Suppression</li> <li>• Electrician</li> <li>• Oil Burner Equipment Installer</li> <li>• Elevator Director</li> </ul>	<ul style="list-style-type: none"> <li>• CE-200 - <i>Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage</i></li> </ul>	<ul style="list-style-type: none"> <li>• Submitted in lieu of Workers' Compensation and Disability if there are no employees in the company</li> <li>• Must be the original Affidavit, not a copy</li> <li>• Must have an original signature and date from licensee</li> <li>• General Contractors may not submit such form (only home owners may do so directly to the Borough office)</li> </ul>

To update your insurance, submit certificates to the Department of Buildings Licensing Unit

In person or via mail: 280 Broadway, 6th Floor, New York, NY 10007

Via Email: [Licensingdob@buildings.nyc.gov](mailto:Licensingdob@buildings.nyc.gov)

Via Fax: (212) 566-3062  
(212) 566-3745 For Electricians only  
(212) 442-2758 For General Contractors only

**Requirements for All Certificates**

- Include your license/registration/tracking number(s) on all forms.
- Insurance policy number(s) and Federal Employer Identification Number (EIN) must appear on your Disability certificate.
- The Policy Holder/Insured business name must always appear exactly as it does on the company's filing receipt.
- The Policy Holder's business address cannot be a Post Office Box. The address must appear exactly as it does on the Department's Buildings Information System (BIS). To verify your business name or address, access BIS at [www.nyc.gov/buildings](http://www.nyc.gov/buildings), select "BIS", then "Skilled Trades Licensee/General Contractor Search".
- The Certificate Holder box must read "New York City Department of Buildings, Attn: Licensing Unit, 280 Broadway, 6th Floor, New York, NY 10007."
- Corrections cannot be handwritten on certificates. Corrected forms must be submitted by the producer/ insurance broker.
- To update a policy that has been cancelled, you must submit a letter of re-instatement along with an updated insurance certificate.
- If you are starting a new business or your business has moved, you must have the new address approved by the Department before you submit insurance certificates. To request approval of a new business address, please submit the Business Address Verification Form (LIC33), which can be found at [www.nyc.gov/buildings](http://www.nyc.gov/buildings), under Forms - Licensing. General Contractors must submit a notarized letter stating the business has moved from the old address to the new address in order to change the location in the system.