

- 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 & Exams Unit
280 Broadway
New York, NY 10007
- If you update a cancelled policy, you must submit a letter of re-instatement with the updated insurance certificate
- All information must be typed.** Handwritten corrections are not accepted
- Updated insurance certificates must be submitted to the email address that corresponds with the license type
- Insurance certificates are required to be in PDF format. **Editable insurance forms will not be accepted.** Insurance certificates should be scanned and saved as PDF format.
- Pictures of insurance certificates will not be accepted**
- Insurance email subject line **must include a license number(s) and license type(s) without this information your request will be rejected.**
- Each Insurance type must be scanned as a **separate document.**

General Liability Insurance

- Each occurrence must be a minimum of one million dollars.
- Your insurance producer/broker must provide an original signed and notarized Certification by Broker

Accepted Forms

- Accord 25 (2013/04) – Certificate of Liability Insurance
- Accord 25 (2014/01) – Certificate of Liability Insurance
- Accord 25 (2016/03) – Certificate of Liability Insurance

**Insurance certificates must have a contact name and contact phone number or email.*

Worker's Compensation Insurance

- The business telephone number is required on C105.2 (9/15) and GSI 105.2 (2/02).

Accepted Forms

- U26.3 – Certificate of Worker's Compensation Insurance (NYS Insurance Fund **only**)
- C105.2 (9/17) – Certificate of Worker's Compensation Insurance
- GSI 105.2 (2/02) – Certificate of Participation in Worker's 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.

Accepted Forms

- DB 120.1 (09/17) – Certificate of Compliance with Disability Benefits Law
- DB 120.1 (10/17) – Certificate of Compliance with Disability Benefits Law
- DB 120.1 (01/18) – Certificate of Compliance with Disability Benefits Law
- DB 120.2 (10/17) – Certificate of Compliance with Disability Benefits Law

Exemption from Worker's Compensation and Disability Insurance

You may submit an Affidavit of Exemption from Worker's Compensation & 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

Email your scanned PDF Insurance Certificates to one of the email addresses listed below. If you have one or more licenses, email the certificates to the designated insurance mailbox.

- Elevator Agency Directors – **ElevatorAgencyinsurance@buildings.nyc.gov**
- Oil Burner Equipment Installers – **Oilburnerinsurance@buildings.nyc.gov**
- Plumbing & Fire Suppression Contractors – **PlumbingandFireSupinsurance@buildings.nyc.gov**
- Master & Special Electricians – **Electricianinsurance@buildings.nyc.gov**
- Riggers & Sign Hangers – **RiggerandSignHangerinsurance@buildings.nyc.gov**
- Registered General Contractors, Safety Registrations, and Insurance Tracking Numbers – **GCinsurance@buildings.nyc.gov**