

- 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, 6th Floor
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 will not be 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.
- Pictures of insurance certificates will not be accepted.**
- Insurance email subject line **must include a license number(s) and license type(s)**
NOTE: Insurance Certificates will no longer be accepted via fax

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

WORKERS' 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 Workers' Compensation Ins (NYS Insurance Fund **only**)
- C105.2 (9/15) – 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.

Accepted Forms

- DB 120.1 (12-13) – Certificate of Compliance with Disability Benefits Law
- DB 120.1 (09-15) – Certificate of Compliance with Disability Benefits Law
- DB 120.2 (02-13) – 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

Email your scanned PDF Insurance Certificates to one of the email addresses below:

- 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