

Town of Glenville

Building Department



INSTRUCTIONS FOR APPLYING AS A HOMEOWNER

GUIDE FOR COMPLETING THE WC/DB Exemption (Form CE-200)
TO GET STARTED GO TO: <https://www.businessexpress.ny.gov/>

[WC/DB Exemptions](#)

Request for WC/DB Exemption (Form CE-200)

Overview

The application for a Certificate of Attestation of Exemption, Form CE-200, from Workers' Compensation and/or Disability and Paid Family Leave Benefits coverage may only be completed by entities with no employees and/or out-of-state entities obtaining a contract or license in which all the work is being performed outside of New York State.

- Certificates can only be used to attest to a **government entity** that the applicant requesting a permit, license, or contract is not required to carry workers' compensation and/or disability benefits coverage.
- Certificates are only valid for the specific license, permit or contract. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.
- Certificates are assigned a unique certificate number that can be validated by the government official issuing the license, permit, or contract.

Upon selecting the button to the web based application below, you will be routed to New York Business Express to complete your application.

If you need additional assistance, contact the New York Business Contact Center at (518)-485-5000.

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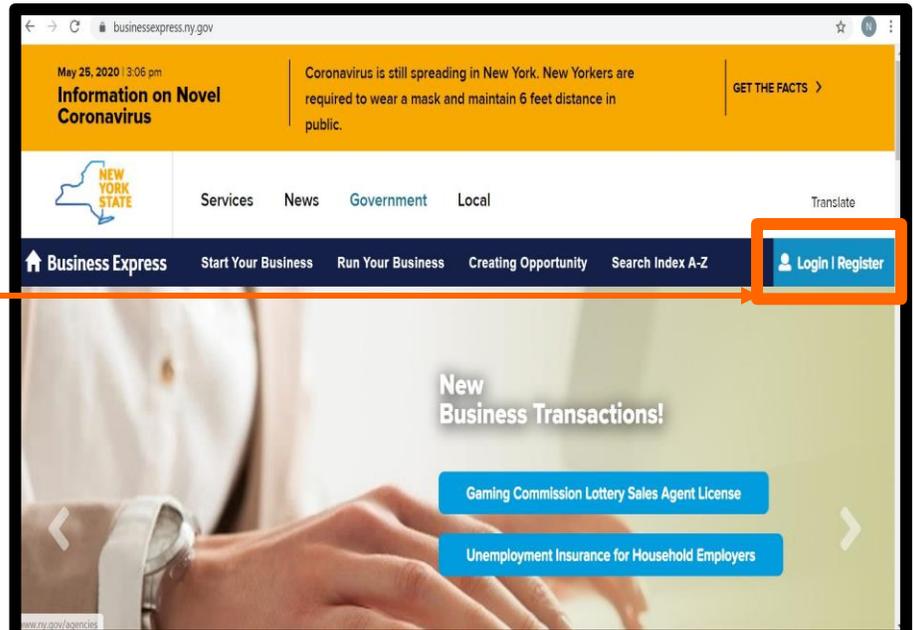


STEP 1. Go to NYS website by clicking on the link below or copy and paste in your web browser.

<https://www.businessexpress.ny.gov/>

Here you will be brought to the NYS website where you can start your application for the CE200.

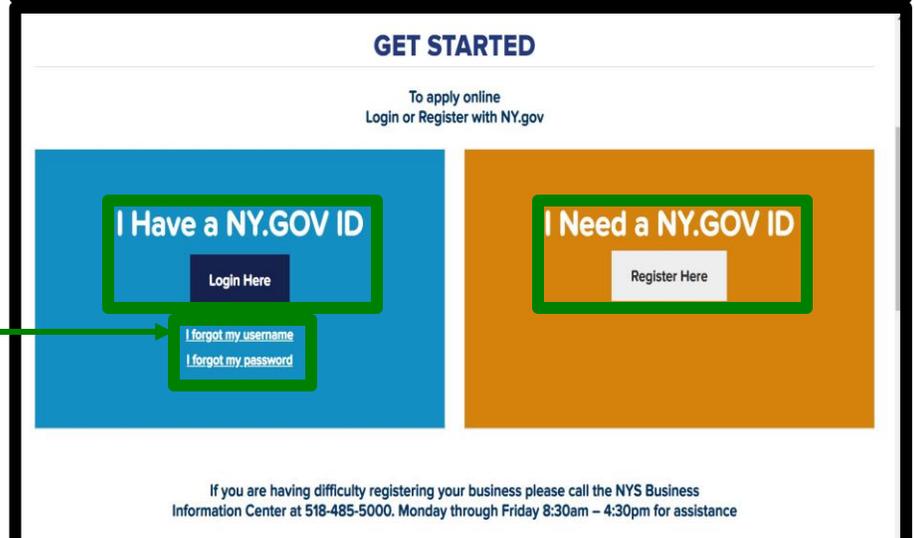
STEP 2. Click on Login/Register on the right side of your screen.



STEP 3. A new window will open up with two options. If you have already created a NY.GOV ID, click on the log in button and that will take you to the log in page.

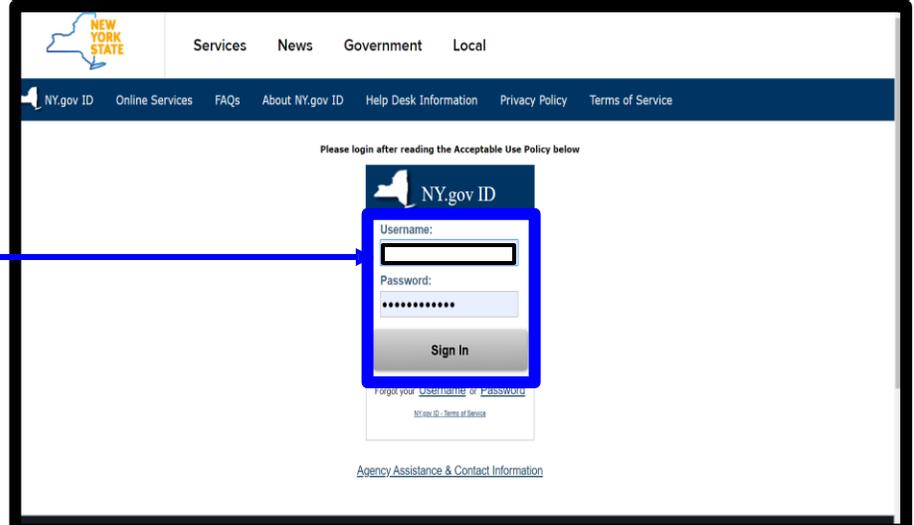
If you have already registered and do not know your username and password, click on the **I forgot my username or I forgot my password** and follow the instructions.

If you do not have a NY.GOV ID, click on Register Here and follow the simple steps in creating your NY.GOV ID.



STEP 4. Once you have created your NY.GOV ID and click on Login Here, you will be brought to a new screen where you will input the **username and password** you have created.

Click on **Sign In**



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STEP 5. Once logged in you will be re-directed to your account **Dashboard**. Here you will be able to see all of your **Recent Activity** such as past applications and application status.

To start a new application click on **Search Index A-Z**

STEP 6. To find the CE-200 just type **CE200** in the search box and click on **Search**.

The result of your search will now be displayed. Click on **Certificate Of Attestation of Exemption(CE-200)**

STEP 7. When the new window opens you will see details on the CE-200 applications. Scroll down to where it says **How To Apply** and click on **Apply Online As Home Owner**

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STEP 8. Now you will be given the option to either start the application from previous information from past Applications or to use information that is not listed. If this is your first time completing this form then check **My Name Is Not Listed** and click on the **Start Application** button.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

Select the name for this application

Please select the name you are applying for from the options listed below. When selecting an existing name, we will use your previously entered Profile Information to streamline your application process. Updates can be made to the existing profile upon selection. Select "My Name is not listed" if the name for which you are applying is not displayed in the list. For more information on Profiles, click here.

Your Profiles (Displaying 1 of 1)

Name	Entity Type	ID #
[Redacted]	Homeowner	(SSN: ###-##-2164)

My name is not listed Selected

Start Application

STEP 9. The first page of the application is the Introduction page.

The column on the left should be where you are in the application and what has already been completed which is shown with the green check box. You will be able to revisit any of those pages at any point before submitting your application. All sections much be completed before submitting your application. Fill in the Home Owners Information and click on ***Save And Continue.***

Homeowner Information

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Applicant Personal Information
- Ready to Submit

First Name* JOHN M.I. A Last Name* DOE

Social Security Number* 123 - 45 - 6789

Address Line 1* 12345 JAMES STREET

Address Line 2

City* Glenville

Country* United States State* New York

Zip Code* 12307

County* Schenectady

STEP 10. Next choose if you currently have worker's comp insurance (this will be NO in most cases since you are completing this Application).

Next choose ***YES or NO*** on if you have Disability And Paid Family Leave.

Next Click ***Save And Continue***

Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance

Workers' Compensation Insurance

Do you currently have New York Workers' Compensation Insurance?*

Yes No

A full, statutory New York State workers' compensation insurance policy is one where New York is listed in Item 3A on the Information Page of an employer's workers' compensation insurance policy.

Disability and Paid Family Leave Benefits Insurance

Do you currently have New York Disability and Paid Family Leave Benefits Insurance?*

Yes No

Back Save & Continue

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STEP 11. Now you will be asked to fill in the **Permit/License/Contract Information.**

IMPORTANT: Under Applying For, choose an option from the drop-down Menu. If you are applying for a Building Permit then choose **Building Permit.**

Next under **Issuing Government Agency** type in **Town of Glennville**

Business Express Start Your Business Run Your Business Creating Opportunity Search Ind

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information

Permit/License/Contract Information

Applying for *
Building Permit

Issuing Government Agency *
Town of Glennville

Back Save & Continue

Exit Application

STEP 12. STEP 19. Next choose the **Project Date**; this is how long it may take to finish the proposed job. Project Date can be up to ONE (1) year as most City Of Schenectady building permits are valid for ONE (1) year. Next fill out the **Estimated Dollar Value.** Dollar Value should not be less than what you are putting on your building permit.

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information
- Ready to Submit

Job Site Location Information

Project From Date *
07/23/2020

To Date *
09/30/2020

Estimated Dollar Value *
\$0 - \$10,000

Address Line 1 *
NINTH STEET

Address Line 2

City *
Glennville

State *
New York

Zip Code *
12308

Back Save & Continue

Exit Application

STEP 13. Now you will be asked to fill in the **Job Site Location.** This is where you plan on doing the work. If you are doing work at your Legal Address then put that address here.

Click on **Save And Continue.**

Permit/License/Contract Information

Job Site Location Information

Workers' Compensation Coverage Exemptions

Disability and Paid Family Leave Benefits Coverage Exemptions

Applicant Personal Information

Ready to Submit

Estimated Dollar Value
\$0 - \$10,000

Address Line 1 *
NINTH STEET

Address Line 2

City *
Glennville

State *
New York

Zip Code *
12308

County *
Schenectady

Back Save & Continue

Exit Application

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STEP 14. Here you will be given the option to choose the type of coverage you are applying for. Read all of the options carefully and choose one that applies. Some of these options require the applicant to provide a copy of their **HOMEOWNER'S INSURANCE**. Click on **Save And Continue**.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions**
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information
- Ready to Submit

Workers' Compensation Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State workers' compensation insurance coverage*

- The applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner is performing all the work, has only uncompensated friends and family working on his/her residence, or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.
- Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
- The applicant is acting as a general contractor with no employees, day laborers, leased employees, borrowed employees, part-time employees, unpaid volunteers and only has independent contractors that meet the standards of the New York Construction Industry Fair Play Act (Section 861 of the New York State Labor Law).
- None of the above apply to applicant's situation

Back Save & Continue

Exit Application

STEP 15. Next select the option that applies to your application. Click on **Save And Continue**.

New York Business Express

Business Express Start Your Business Run Your Business Creating Opportunity Search Index A-Z

My Dashboard

Application

- Homeowner Information
- Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance
- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions**
- Applicant Personal Information
- Ready to Submit

Disability and Paid Family Leave Benefits Coverage Exemptions

You must select ONE option which best describes why the Legal Entity is exempt from New York State disability and paid family leave benefits insurance coverage*

- The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)
- None of the above apply to applicant's situation.

Back Save & Continue

Exit Application

STEP 16. Here you will be asked to confirm Applicant Personal Information. Click on **Save And Continue**.

Leave Benefits Insurance

- Permit/License/Contract Information
- Job Site Location Information
- Workers' Compensation Coverage Exemptions
- Disability and Paid Family Leave Benefits Coverage Exemptions
- Applicant Personal Information**
- Ready to Submit

First Name* MI Last Name*

Address Line 1*

Address Line 2

City*
Glenville

Country* State*

United States New York

ZIP/Postal code *

12306

Personal Phone #**

Personal E-mail

Back Save & Continue

Exit Application

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STEP 17. Next you will read the **Attestation.** When finished check on the **I Agree** box and Click on **Save And Continue.**

STEP 18. Now you will be able to Submit your application. Once the Application is submitted you will not be able to go back and change anything. If any of the information is incorrect on the final certificate you will have to start over. Click on **Submit Application.**

STEP 19. You will now be at the **Application Confirmation Page.** A confirmation email will be sent to the email address that was used to create your **NY.GOV ID.** To view the status of your application click on **Recent Activity.** From the email link or the link provided from the confirmation page.

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Here you will be able to see the status of your applications. Applications that are in review will be in yellow and applications that are approved and ready to print will be in green. You will receive a confirmation email when you're application is approved. You can also refresh the Recent Activity every few minute to see if the status has been changed.

My Dashboard > Recent Activity

Recent Activity

Here are your recent activities. You can filter by business profile by visiting the [Business Details](#) section of your dashboard.

	<p>Workers Compensation Board</p> <h4>Workers' Compensation and/or Disability and Paid Family Leave Benefits</h4> <p>Legal Name: JOHN J SMITH</p> <p>Entity Type: Individual (Sole Proprietor)</p> <p>Date Submitted: 05/26/2020</p> <p>See More Details</p>	<p>View Summary</p> <p>View Confirmation</p>
	<p>Workers Compensation Board</p> <h4>Workers' Compensation and/or Disability and Paid Family Leave Benefits</h4>	<p>View Exemption Certificate</p>

Once your application had been approved and the status has changed. Click on **[View Exemption Certificate](#)** to view and print your certificate.

My Dashboard > Recent Activity

Recent Activity

Here are your recent activities. You can filter by business profile by visiting the [Business Details](#) section of your dashboard.

	<p>Workers Compensation Board</p> <h4>Workers' Compensation and/or Disability and Paid Family Leave Benefits</h4> <p>Legal Name: JOHN J SMITH</p> <p>Entity Type: Individual (Sole Proprietor)</p> <p>Date Submitted: 05/26/2020</p> <p>Approved Date: 05/26/2020</p> <p>See More Details</p>	<p>View Exemption Certificate</p> <p>View Summary</p> <p>View Confirmation</p>
	<p>Workers Compensation Board</p> <h4>Workers' Compensation and/or Disability and Paid Family Leave Benefits</h4>	

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Workers' Compensation Board

Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address): Your Name 1234 Glenridge Rd. Glenville, NY 12302 PHONE: 518-8123-4567 FEIN: XXXXX8507	Business Applying For: Building Permit From: Town of Glenville The location of where work will be performed is 1234 Glenridge R. Glenville, NY 12302 Estimated dates necessary to complete work associated with the building permit are from August 24, 2023 to August 21, 2024. The estimated dollar amount of project is \$0 - \$10,000
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Workers' Compensation Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The applicant is a homeowner serving as the general contractor for a primary/secondary owner-occupied residence. The homeowner has **ONLY** uncompensated friends and family working on his/her residence or is hiring individuals a total of less than 40 aggregate hours per week and has a current homeowners insurance policy that covers the property.

Disability and Paid Family Leave Benefits Exemption Statement:
The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE** for the following reason:
The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)

I, Your Name, am the Homeowner with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature: _____	Date: _____
Exemption Certificate Number 2024-1234567		Received March 23, 2024 NYS Workers' Compensation Board

A copy of your certificate will be downloaded and can be print or attached to an email along with the rest of your application. Ensure the following information is correct before submitting it to the building department: Applicant's contact information is correct.

Business applying for should be: BUILDING PERMIT

From Should be: Town of Glenville
And the time in which you will be performing the work.

SIGN and DATE at the bottom of the application.

Submit this Certificate Signed, Date, Submit this certificate with your Building Permit Application To The Town of Glenville