



NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Supplemental Food Programs, WIC Program

**CONFIRMATION OF NYS
WORKERS' COMPENSATION
& DISABILITY BENEFITS
INSURANCE**

Vendor Trade Name: _____

In order to be considered for authorization as a WIC vendor, you must indicate compliance with the following and return this form and proof of insurance with your WIC Vendor Application:

Check here if you have New York State Workers' Compensation Insurance

Section 57 of the New York State Workers' Compensation Law requires that before any permit, license or contract is issued by any municipal, county or state government entity, the applicant must be in compliance with NYS Workers' Compensation coverage requirements.

The following forms are acceptable as proof of compliance:

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| C-105.2 | Certificate of Workers' Compensation Insurance |
| U-26.3 | Certificate of Workers' Compensation Insurance – State Insurance Fund |
| SI-12 | Certificate of Workers' Compensation Self-Insurance |
| GSI-105.2 | Certificate of Participation in Workers' Compensation Group Self-Insurance |
| CE-200 | Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage |

Check here if you have New York State Disability Benefits Insurance

Section 220 of the New York State Workers' Compensation Law requires that before any permit, license or contract is issued by any municipal, county or state government entity, the applicant must be in compliance with NYS disability benefits coverage requirements.

The following forms are acceptable as proof of compliance:

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| DB-120.1 | Certificate of Disability Benefits |
| DB-155 | Certificate of Disability Benefits Self-Insurance |
| CE-200 | Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage |

If you do not have New York State Workers' Compensation and Disability Benefits Insurance, you must obtain coverage prior to submitting your application. Your application will be considered incomplete and will be returned to you if you do not provide the above information or if you do not have New York State Workers' Compensation and Disability Benefits Insurance.

For information on insurance coverage requirements, contact the following:

NYS Workers' Compensation Board Website
NYS Workers' Compensation Board, Bureau of Compliance

www.wcb.state.ny.us
1-866-298-7830