

## **WORKERS COMPENSATION & DISABILITY FORMS:**

### **Corporations and LLC**

Your Corporation or LLC **MUST** have both Workers Compensation & Disability Benefits Insurance for any workers, part or full time that are not Officers in your Corporation or Members in the LLC. Please submit both policies. No receipts or accords will be accepted as proof.

Examples of proof of policy for your store: <http://www.wcb.ny.gov/>

### **Sole Ownerships & Partnerships**

Your Sole Ownership or Partnership **MUST** have both Workers Compensation & Disability Benefits Insurance for any workers, part or full time that are not the Sole Owner or in the Partnership. Please submit both policies. No receipts or accords will be accepted as proof.

Examples of proof of policy for your store: <http://www.wcb.ny.gov/>

### **Exempt from NYS Workers Compensation and or/ Disability Benefits Coverage**

If you are exempt from having Workers Compensation and Disability Benefits you **MUST** fill out the CE-200(Hyper link) form and return it signed and dated.

[http://www.wcb.ny.gov/content/ebiz/wc\\_db\\_exemptions/wc\\_db\\_exemptions.jsp](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/wc_db_exemptions.jsp)

### **PLEASE NOTE:**

In order to request the insurance forms, you will need the following information:

- Certificate Holder: your VMA's name and full address
- Name of Insured: should match the Store's Trade name or Corporation Name
- Address of Insured: should match your store's address on the WIC Application
- Phone number of Insured: should match your store's phone number on the WIC Application

Please make sure your insurance information is updated with the Workers' Compensation Board: <http://www.wcb.ny.gov/icpocinq/icpocsearch.jsp> In case the website shows that your store doesn't have an active insurance coverage, you'll need to contact your insurance agent in order to update your insurance information with the Workers' Compensation Board.