

NYS FAIR INSURANCE INFORMATION & SAMPLES

THE FOLLOWING ITEMS ARE REQUIRED AS PART OF YOUR AGREEMENT AND MUST BE RECEIVED AND CORRECT BY THE SPECIFIED DUE DATE.

Late Fee Penalties - \$50.00 late fee for each contract and each supporting contract document submitted after deadline (i.e. signed contract, insurance certificates etc.) and/or 5% of unpaid invoice. Payments for late fees not made by the specified due date will result in cancellation of the contract and loss of event space.

THE FOLLOWING ITEMS ARE REQUIRED AS PART OF YOUR AGREEMENT.

- 1. Workers' Compensation (or exemption/waiver)
- 2. Disability Insurance (or exemption/waiver)
- 3. Liability Insurance

It is the **vendor's responsibility to submit** the correct insurance documents to the NYS Fair. Insurances cannot be sent on your behalf from your insurance company.

Vendors are responsible for ensuring all requirements (Legal Business Name, Address, Endorsements, etc.) have been met. **Only if the documents are correct should they be forwarded to the NYS Fair.** If insurances are incorrect you must have them fixed with your insurance company before providing them to the Fair.

Please note: Faxes or photos are <u>NOT</u> acceptable.

1. WORKERS' COMPENSATION INFORMATION:

Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses or contracts document that they have appropriate workers' compensation (page 2) and disability benefits insurance coverage (page 5); or document that they are exempt from such coverage (page 3-4). These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption may result in the termination of the Agreement. An ACORD form is NOT acceptable proof of workers' compensation coverage.

To comply with the coverage requirements ONE of the following forms for Workers Compensation must be provided to the Department:

PROOF OF CERTIFICATE OF WORKERS' COMPENSATION:

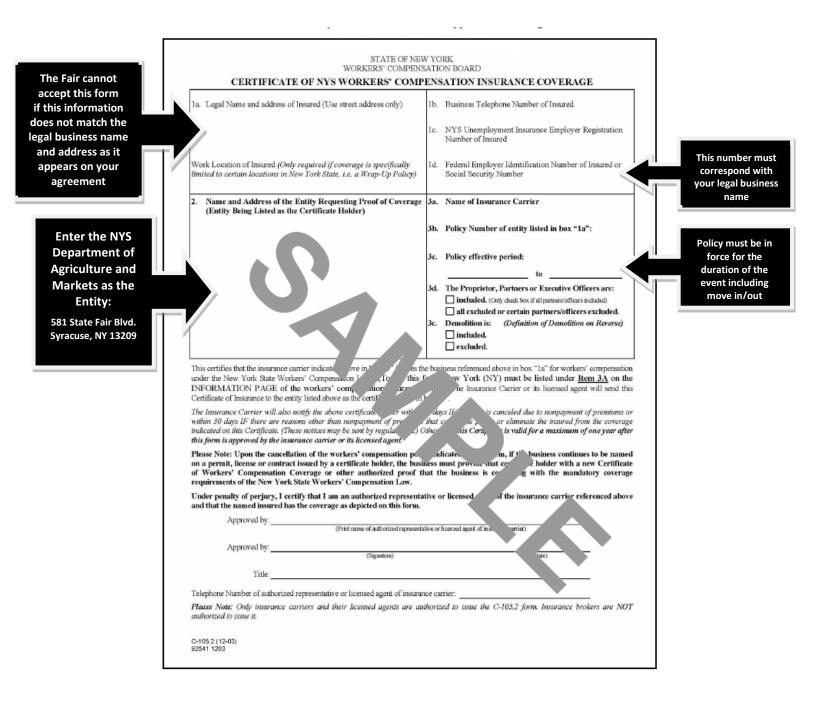
Acceptable forms for proof of Workers' Compensation must be submitted on one of the following (**OR a CE-200 Waiver see page 3-4**):

- Form C-105.2
- Form U-26.3
- Form SI-12
- Form GSI-105.2

Vendors without coverage may obtain a policy for the duration of the New York State Fair from the New York State Insurance Fund.

Please direct all questions to one of the following: New York State Workers' Compensation Board Website www.wcb.ny.gov or contact Walter Peretti at 518-486-3331 or Walter.Peretti@wcb.ny.gov.

EXAMPLE OF THE C-105.2 CERTIFICATE OF WORKERS' COMPENSATION INSURANCE COVERAGE (Obtained from your insurance carrier)



EXEMPTION/WAIVER (if policy is not required):

Form CE-200, Certificate of Attestation for New York Entities with no employees and certain out of state entities, that New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is not required. This form can be requested online at the Workers' Compensation Board's website:

http://www.wcb.ny.gov/content/ebiz/wc	db	exemptions/requestExemptionOverview.jsp	

		tenze www.edt.avggov/content/sklutivc_dk_semption/weguetDamption mere t- C Scope RastmicSuity iii hepotefrom S C Codo www.edt.avggov/content/sklutiv iii hepotefrom S C Codo www.edt.avggov/content/sklutivc_dk_semption/weguetDamption hepotefrom S Services News Govern ton Board Workers Employers Health Cere	Login ∑ Square Footage Calc: ment Local	es Forms Locations	☆ ● : Location Translate		
	,D Search WCB		Language Assistance	e: (877) 632-4996 Language Access Policy	Español Русский Polski 中文 Italiano Kreyòl ayisyen) 한국어		
	v	/C/DB Exemptions					
	-	·	Request for WC/DB Exer	nption (Form CE-200)			
			Overvi	iew			
	T) OL	e application for a Certificate of Attestation of Exemption, Form CE-200 t-of-state entities obtaining a contract or license in which all the work is	, from Workers' Compensation and/or Disa being performed outside of New York State	bility and Paid Family Leave Benefits coverage i	nay only be completed by entities with no employees and/or		
Click on "Guide for Businesses —	 Certificates can only be used to attest to a government entity that the applicant requesting a permit, license, or contract is not required to cany 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. 						
Dusinesses	U	oon selecting the button to the web based application below, you v	vill be routed to New York Business Expr	ress to complete your application.			
	H	elp Guides For New York Business Express					
		Guide for Businesses Guide for Homeowners Guide for Homeowners Guide for Not-For-Profit Organizations					
	If	you need additional assistance, contact the New York Business Contact	Center at (518)-485-5000.				
			Select to access web-based	Exemption Application			
	Workers' Co	ompensation Board					
	About WCB	Forms & Services	Communication	Website	Language Assistance: (877) 632-4996		

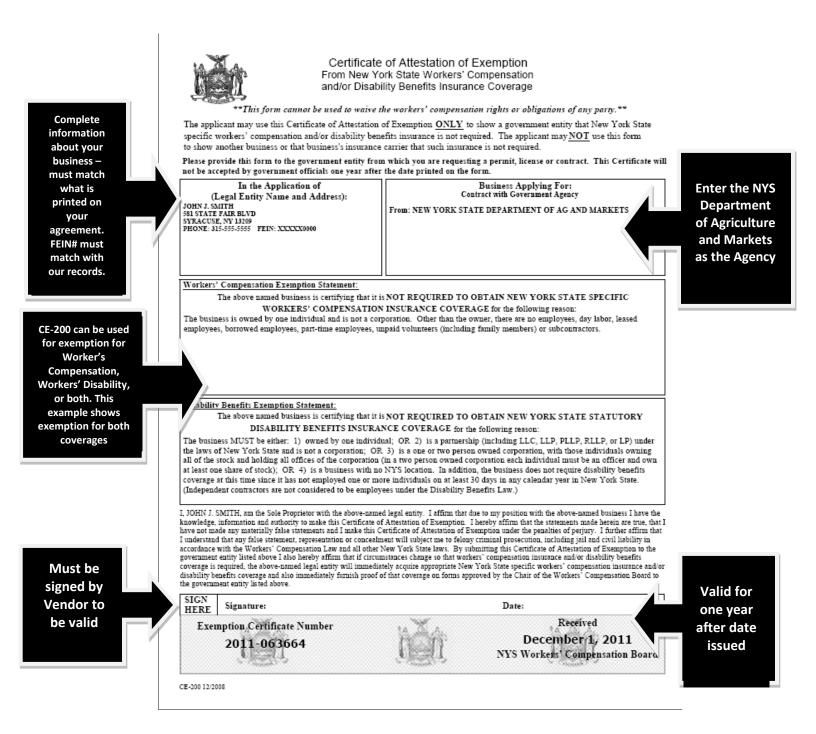
• You will be brought to the following page – please follow the instructions on this page.



COMPLETE THE EXEMPTION APPLICATION FOR AN EXEMPTION CERTIFICATE APPROVED BY THE WORKERS' COMPENSATION BOARD.

See the following page for an example of a Certificate of Workers' Compensation Exemption.

EXAMPLE OF THE CE-200 EXEMPTION FORM (OBTAINED FROM THE WORKERS' COMPENSATION BOARD)



2. DISABILITY INFORMATION:

Workers' Compensation Law (WCL) §57 & §220 requires the heads of all municipal and state entities to ensure that businesses applying for permits, licenses or contracts document that they have appropriate workers' compensation (page 2-3) and disability benefits insurance coverage (page 6-7); or document that they are exempt from such coverage (page 4-5). These requirements apply to both original contracts and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract. Failure to provide proof of such coverage or a legal exemption may result in the termination of the Agreement.

To comply with the coverage requirements ONE of the following forms for Workers Compensation must be provided to the Department:

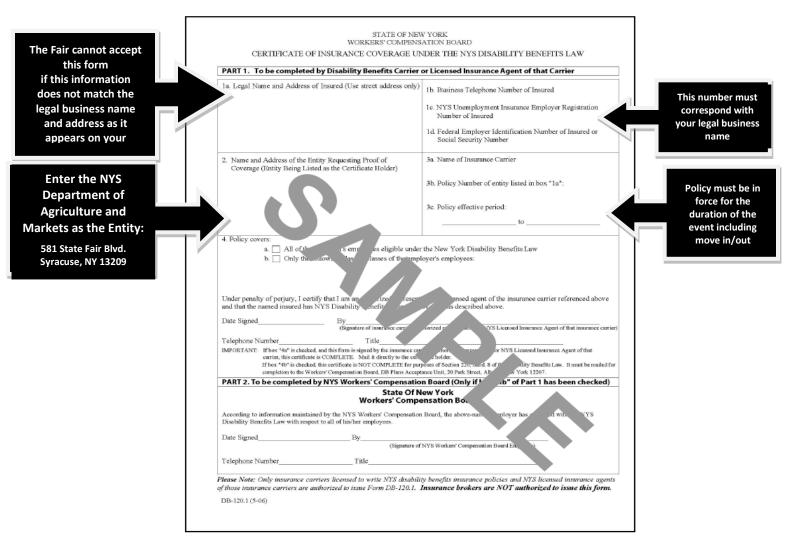
A. CERTIFICATE OF DISABILITY BENEFITS INSURANCE:

Acceptable forms for proof of Disability must be submitted on one of the following (OR a CE-200 Waiver see page 4-5):

- Form DB-120.1
- Form DB-155

Please direct all questions to one of the following; New York State Workers' Compensation Board at 877-632-4996 or go to the New York State Workers' Compensation Board's Website: www.wcb.ny.gov or contact Walter Peretti at 518-402-8330 or email at Walter.Peretti@wcb.ny.gov

EXAMPLE OF THE DB-120.1 CERTIFICATE OF DISABILITY INSURANCE COVERAGE (This form is obtained from your insurance carrier)



3. CERTIFICATE OF LIABILITY INSURANCE:

Concessionaires, exhibitors, sponsors and promoters shall obtain and maintain public liability insurance for loss, damage and personal injury arising from their operations under the Agreement. Concessionaires, exhibitors, sponsors and promoters must provide a certificate of insurance.

In addition to basic company information, the following items must be listed on the insurance form ACORD-25:

A. List your legal business name and address. The Fair cannot accept this form if it does not match the legal business name and address as it appears on your agreement.

B. Insurance must be Commercial General Liability and if applicable, Liquor/Golf Cart/Product Liability.

C. Policy must be in force for the duration of the event, including move in/out.

D. Each occurrence should be at least \$1,000,000.

E. The New York State Department of Agriculture & Markets must be listed as the additional insured.

F. The New York State Fair, Department of Agriculture and Markets must be listed as the certificate holder: 581 State Fair Blvd. Syracuse, NY 13209

G. Concessionaires, exhibitors, sponsors and promoters shall immediately inform the New York State Fair of any insurance cancellation or material change in coverage.

Reminder: Workers' Compensation is not acceptable on an Acord-25 form.

litions of the policy	is an	E CERTIFICATE HOLDER. ADDITIONAL INSURED, the p		BETWEEN T	VERAGE AFFORDED B THE ISSUING INSURER	(S), AUTHORIZEI
lieu of such endor	, certa	in policies may require an enc	orsement. A st	atement on th	is certificate does not co	onfer rights to th
neu or such endor	semen		ONTACT			
			HONE A/C, No, Ext):		FAX (A/C, No):	
			ADDRESS: PRODUCER			
		ļ	USTOMER ID #:			NAIC #
				SURER(S) AFFOR	DING COVERAGE	NAIC #
		1	NSURER B :			
			Contractor and the second			
		ATE NUMBER:				
THSTANDING ANY R BE ISSUED OR MAY	PERTA	ement, term or condition on ain, the insurance afforded	F ANY CONTRAC BY THE POLICI	T OR OTHER ES DESCRIBE	DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO	CT TO WHICH THI
INSURANCE	ADDL S	SUBR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
					EACH OCCURRENCE DAMAGE TO RENTED	5
						s
	Y				PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
RO					PRODUCTS - COMP/OP AGG	\$ \$
					COMBINED SINGLE LIMIT	s
					(Ea accident)	s
TOS						\$
ITOS					PROPERTY DAMAGE	s
1700					(Per accident)	s
1105						\$
B OCCUR					EACH OCCURRENCE	\$
CLAIMS-MADE					AGGREGATE	\$
						s
SATION				1	WC STATU- TORY LIMITS EP	*
RTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
12.10					E.L. DISEASE - EA EMPLOYEE	
ERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
	-	ttach ACORD 101, Additional Remarks S	hedule, if more space	is required)		
	THAT THE POLICIES ON THE POLICIES ON THE STANDING SALES ON MAY REAL STATEMENT ON THE STANDARD SALES ON THE STATEMENT ON THE STATEMENT ON THE STATEMENT OF STATEME	THAT THE POLICIES OF II THISTANDING ANY REQUIR SE ISSUED OR MAY PERTION ONDITIONS OF SUCH POLIC INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSU INSURANCE INSURANCE INSURANCE IN	CERTIFICATE NUMBER:	PHONE EXIL: PHONE EXI	POURE BID: P	Proverses Proverses