



TOWN OF NISKAYUNA BUILDING DEPARTMENT

One Niskayuna Circle

Niskayuna, New York 12309

Phone: (518) 386-4522 Fax: (518) 386-4556

Email: building@niskayuna.org

GUIDE FOR COMPLETING THE WC/DB Exemption (Form CE-200) TO GET STARTED GO TO:

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

Certificate of Attestation of Exemption (CE-200)

This certificate attests that a business is not required to carry New York workers' compensation and/or New York disability and paid family leave benefits insurance.

Overview

NYS Workers' Compensation Law requires that a business produce proof of workers' compensation and/or disability and paid family leave benefits coverage to a state or municipal agency when it seeks to obtain a license, permit or contract. If the business is NOT required to carry workers' compensation and/or disability and paid family leave benefits insurance, the business can request from the Workers' Compensation Board an attestation of exemption stating that it does not require coverage. The business presents this affidavit to the state or municipal agency as part of the permit process.

There are limited situations where businesses are exempt from providing workers' compensation and/or disability and paid family leave benefits coverage. The most common situations are: the business is owned by one individual with no employees and is not a corporation; the business is a partnership under New York laws, and there are no employees; or the business is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation, and there are NO employees.

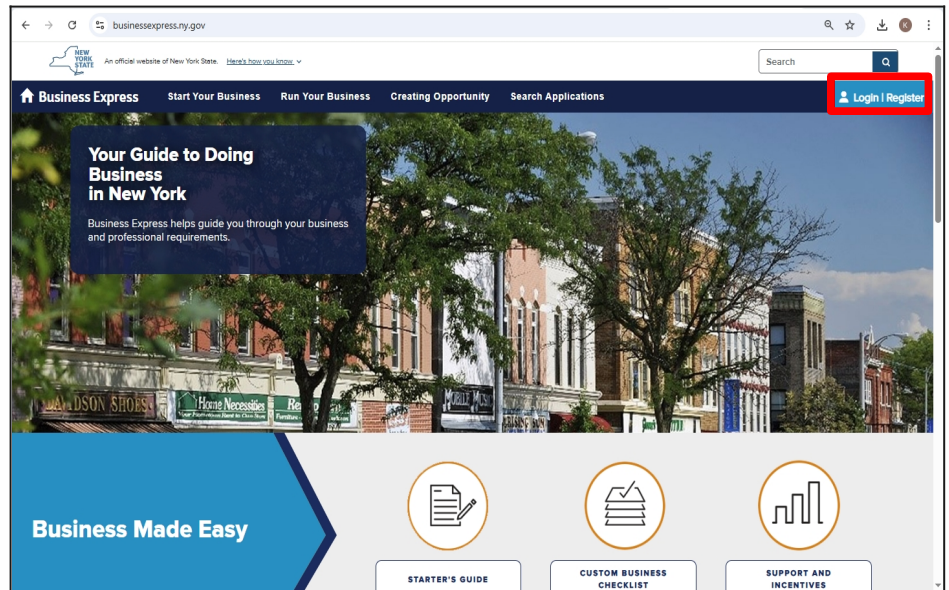
If you need additional assistance, contact the New York Business Contact Center at (518)-485-5000.



STEP 1. Go to NYS website by entering in your web browser.
<https://www.buinessexpress.ny.gov/>

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

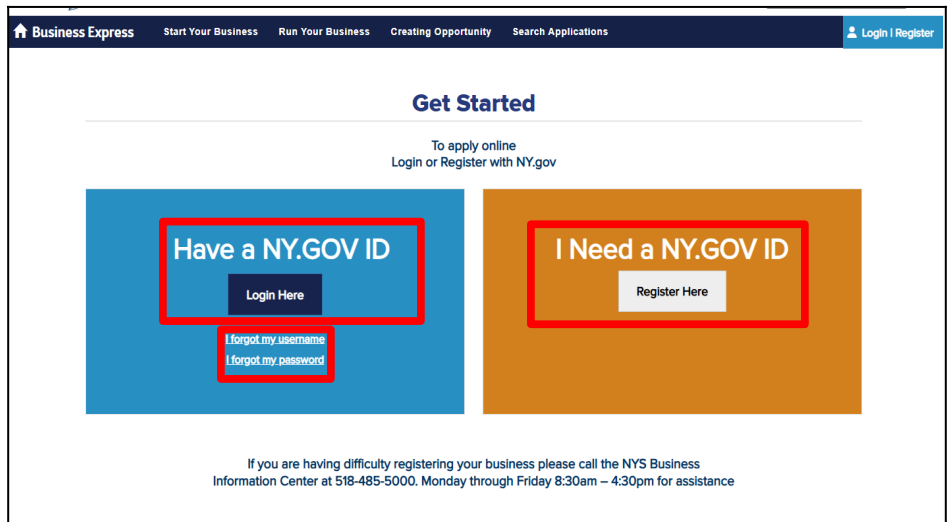
STEP 2. Click on Login/Register on the right side of your screen.



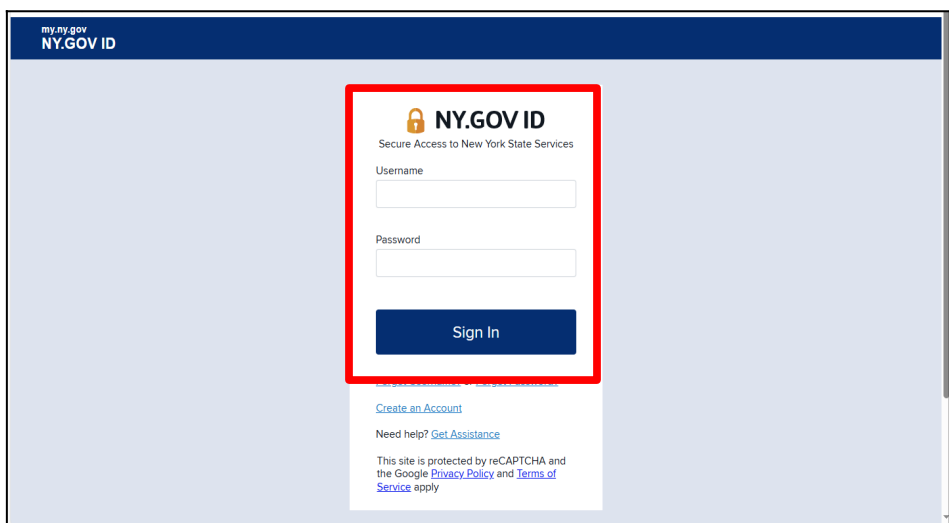
STEP 3. A new window will open up with two options. If you have already created a NY.GOV ID, click on the log in button and that will take you to the log in page.

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.



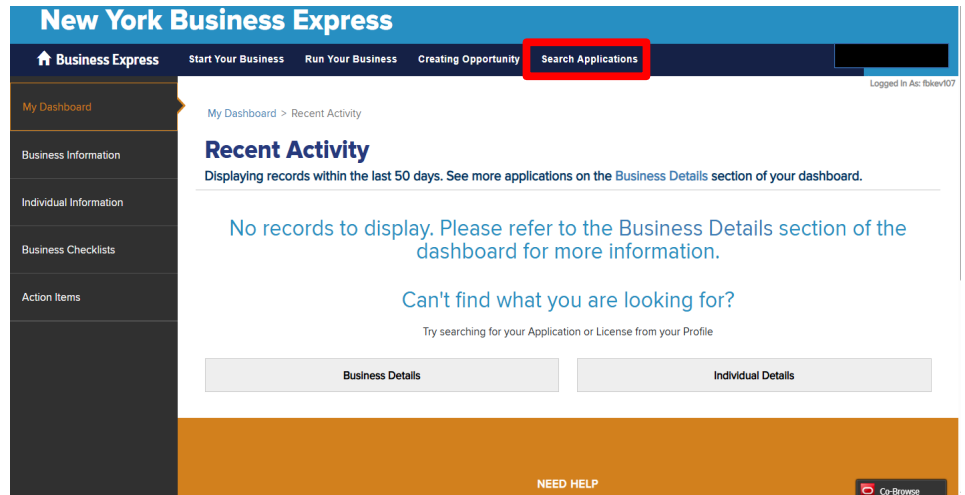
STEP 4. Once you have created your NY.GOV ID and click on Login Here, you will be brought to a new screen where you will input the **username and password** you have created. Click on **Sign In**





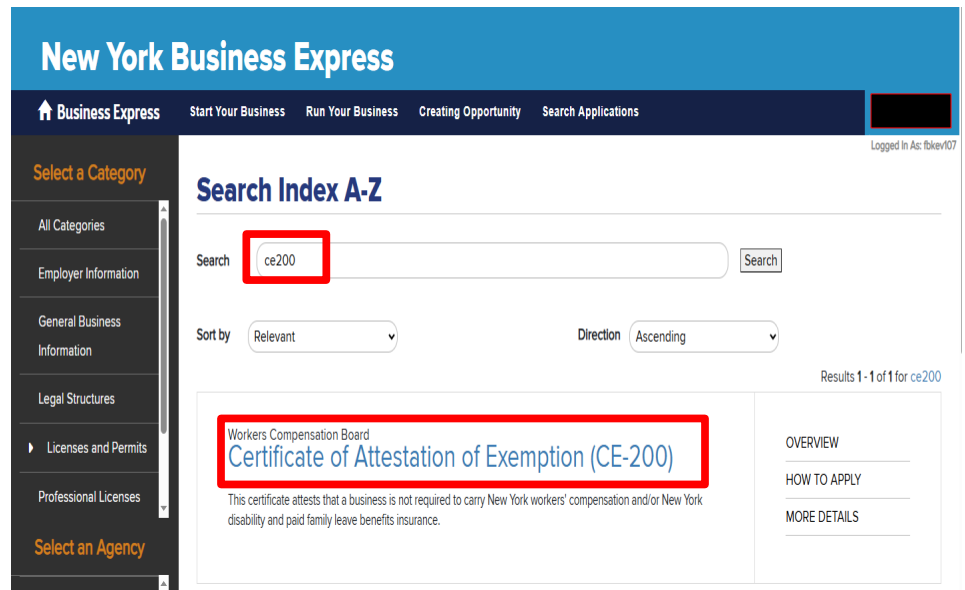
STEP 5. Once logged in you will be redirected to your account Dashboard. Here you will be able to see all of your Recent Activity such as past applications and application status.

To start a new application click on search application

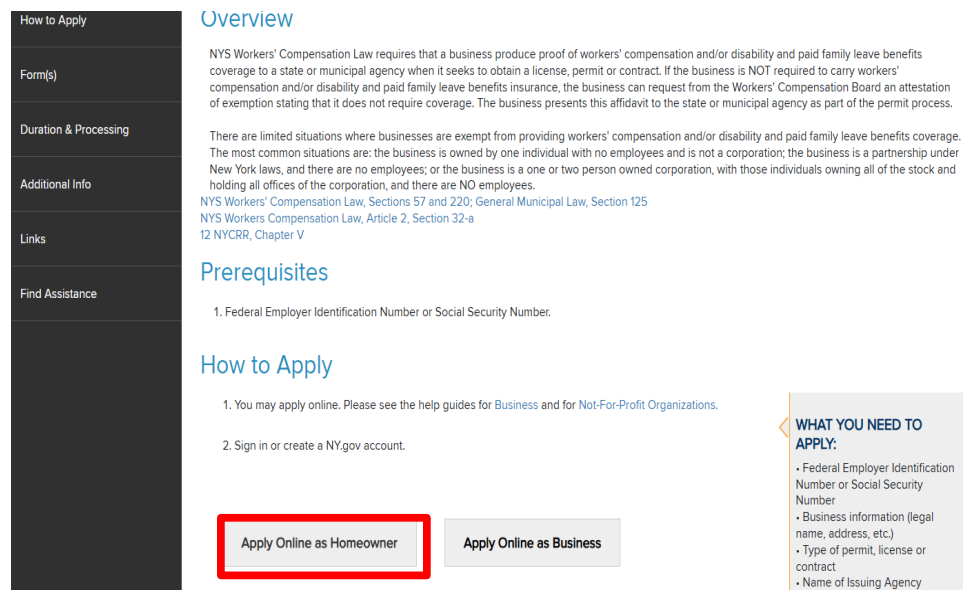


STEP 6. To find the CE-200 just type CE200 in the search box and click on Search.

The result of your search will now be displayed. Click on **Certificate Of**



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**





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.

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 must be completed before submitting your application. Fill in the Home Owners Information and click on **Save And Continue**

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**



STEP 11. Now you will be ask 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 Niskayuna**

STEP 12. 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 Town Of Niskayuna 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.

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**.



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.**

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

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.**

Business Express

Start Your Business

Run Your Business

Creating Opportunity

Search Applications

Kavi

Logge

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

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.

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Save & Continue

Exit Application

STEP 16. Here you will be asked to confirm Applicant Personal Information.

Click on **Save And Continue.**

businessexpress.ny.gov/app/interview?link_goaL_state=ScreenOrder-Main-q5\$CE200H_API_SCRNS\$global\$global

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

Address Line 1

Address Line 2

City

Niskayuna

Country

United States

State

New York

ZIP/Postal code

12309

Personal Phone #

Personal E-mail

Back

Save & Continue



STEP 17. Next you will read the **Attestation**.

When finished check on the **I Agree** box and Click on **Save And Continue**.

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

My Dashboard

- Application
- Ready to Submit
 - Application Summary
 - Attestation**
 - Ready to Submit Application
 - Complete

Attestation

By clicking the button below and submitting the information requested on this Web application, you are attesting to the fact that all information provided is true and that you are the individual whose name is submitted or have the authority to sign on behalf of the applicant (legal entity) obtaining the permit, license or contract.

It is a felony to make a false statement or representation to the Board for the purposes of evading the provisions of the Workers' Compensation Law of New York State.

☐ I agree

[Back](#) [Save & 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**.

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

My Dashboard

- Application
- Ready to Submit
 - Application Summary
 - Attestation
 - Ready to Submit Application**
 - Complete

Ready to Submit Application

By clicking the "Submit Application" button below you are confirming that you have reviewed and attested to the information in your application summary.

Once submitted your application will be sent for agency processing. You can visit your Dashboard at any time to track the status of your application.

[Back](#) [Submit Application](#)

STEP 19. You will now be at the **Application Confirmation Page**. A confirmation email will also 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.

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

My Dashboard > Application Confirmation

Application Confirmation

Your application for a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance has been successfully submitted on 03/27/2025 11:06 AM. The confirmation details are listed below. You will also receive this information via email.

Entity Name: [REDACTED]

Application ID: [REDACTED]

You can always visit the [Recent Activity](#) section of your dashboard to check the status of your application(s) and to view or print your application(s)/certificate(s).

Thank you for using the New York Business Express portal.

[Return to Home Page](#)

[Logout](#)



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

My Dashboard

Business Information

Individual Information

Business Checklists

Action Items

My Dashboard > Recent Activity

Recent Activity

Displaying records within the last 50 days. See more applications on the Business Details section of your dashboard.

Submitted

Workers Compensation Board

Workers' Compensation and/or Disability and Paid Family Leave Benefits

Application Type: Initial Application

Legal Name: Kavin Hansraj

Entity Type: Homeowner

Date Submitted: 03/27/2025

Application ID: [REDACTED]

View Summary

View Confirmation

See More Details

Once your application had been approved and the status has changed to green. Click on View Exemption Certificate to view and print your certificate.

My Dashboard

Business Information

Individual Information

Business Checklists

Action Items

My Dashboard > Recent Activity

Recent Activity

Displaying records within the last 50 days. See more applications on the Business Details section of your dashboard.

Approved/Issued

Workers Compensation Board

Workers' Compensation and/or Disability and Paid Family Leave Benefits

Application Type: Initial Application

Legal Name: Kavin Hansraj

Entity Type: Homeowner

Date Submitted: 03/27/2025

Application ID: [REDACTED]

Approved Date: 03/27/2025

View Exemption Certificate

View Summary

View Confirmation

See More Details



A copy of your certificate will be downloaded and can be printed or attached to an email along with the rest of your application. Ensure the following information is correct before submitting to the Building department: Applicant contact information is correct. Business applying for should be: **BUILDING PERMIT**

From Should be: **TOWN OF NISKAYUNA**

And the time in which you will be performing the work.

Please **SIGN** and **DATE** at the bottom of this application before submitting

NEW YORK STATE 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): Kavin Hansraj Niskayuna, NY 12309 PHONE: [REDACTED]		Business Applying For: Building Permit From: TOWN OF NISKAYUNA The location of where work will be performed is [REDACTED] NISKAYUNA, NY 12309. Estimated dates necessary to complete work associated with the building permit are from March 27, 2025 to June 26, 2025. The estimated dollar amount of project is \$0 - \$10,000	
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, Kavin Hansraj, 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: [REDACTED] Exemption Certificate Number 2025-023047		Date: [REDACTED] Received March 27, 2025 NYS Workers' Compensation Board	