

- Go to [www.businessexpress.ny.gov](http://www.businessexpress.ny.gov)

Scroll down to 'Top Requests' and click on 'Certificate of Attestation of Exemption (CE-200)'



- Scroll down to 'How to Apply'. Click on applicable link (Homeowner or Business)

## How to Apply

1. You may apply online.
2. Sign in or create a NY.gov account.

Apply Online as Homeowner

Apply Online as Business

### WHAT YOU NEED TO APPLY:

- Federal Identification Number or Social Security Number
- Business information (legal name, address, etc.)
- Type of permit, license or contract
- Name of Issuing Agency

- You will now be on this page:

## GET STARTED

To apply online  
Login or Register with NY.gov

### Returning Users

 Log in to NY.gov

Log in to NY.gov to access NYBE.

[I forgot my username](#)  
[I forgot my password](#)

### New Users

[Register with NY.gov](#)

You may already have a business using a NY.gov ID if you have used any New York State Business Online Service, including the Tax Department Online Services or the Department of Labor.

**\*\*You must have a NY.gov BUSINESS account. Sign into your account or create one.**

- If you needed to create an account maneuver back to the ‘How to Apply’ page as noted above. Choose Apply as Homeowner or Apply as Business. You will then be on the following page:

## Existing Businesses (Displaying 0 of 0)

Business Name	ID #
---------------	------

## New Business

Start Application

New York Business Express

Click on ‘Start Application’

- Read then click on ‘Get Started’

My Dashboard

Business Profile

- Introduction
- Entity Type
- Business Addresses
- Business Physical Address
- Additional Physical Location(s)
- Contact Information
- Industry Classification

## Introduction

New York Business Express is an online portal developed to easily guide and help you start and grow a business in New York State. Through the portal you can apply on-line for selected licenses, permits, and certificates.

First you will answer some basic questions about your business such as: your legal structure, legal name, locations, mailing addresses and contact information. To save you time and effort, this information will be used to create a profile for your business. This Business Profile will be reused for future license, permit, or certificate applications.

Back

Get Started

- Choose the proper selection from the drop down menu then click 'Continue':

## Entity Type

**Note:** Throughout the application a Red Asterisk \* is used to show which fields are required.

Type of entity or organization:\*

- Select One -

- Select One -

Individual (Sole Proprietor)

Limited Liability Company

Corporation

Limited Liability Partnership

Limited Partnership

Partnership

Government

Trust

Estate

Exit Application



- Complete all sections marked with an '\*' then click on 'Save & Continue'

## Business Identification

Your Legal Name should be same as your First Name, Middle Initial (if you have one), Last Name and suffix. Please enter your Name as it exists on your ID card.

First Name\*

Middle Initial

Last Name\*

Suffix

- Select One -

Legal Name\*

Social Security Number (SSN)\*

-

-

Back

Save & Continue



- Read the following information then click ‘Next’:

## Business Addresses

---

Next we will be collecting three basic types of addresses for your business. These addresses will be available for use on all future applications. Please include all of your business locations and mailing addresses. If you would like to have mail sent to any physical addresses you are entering, please click the checkbox, “This is also a mailing address”. The three types of addresses are:

**Business Physical Address(es):** This is the primary location for business operations.

**Additional Physical Location(s):** Enter any physical location(s) where the business operates.

**Mailing Address(es):** Enter any established address where the business can receive its mail.

### Homeowner Addresses

Enter your home address for the business address

---

Back

Next



- Complete all sections marked with an ‘\*’ then click on ‘Save & Continue’. This information pertains to you, not the location of the work site.

## Business Physical Address

---

Enter the primary location for business operations.

ATTN (C/O)

Enter the actual street address of your business. Do not enter a PO Box number.

Address Line 1\*

Address Line 2

City\*

- Answer, complete any other additional information, then click ‘Save & Continue’

## Additional Physical Location(s)

---

Do you have additional physical locations?\*

Yes

No

- Answer, complete any other additional information, then click ‘Save & Continue’

## Mailing Address(es)

---

Do you have additional mailing addresses to enter?\*

Yes

No

Please be aware all correspondence, including your license/permit, will be sent to the physical address listed. If your business and/or mail box is not established, the United States Postal Service may deem your correspondence as undeliverable.

- Complete all sections marked with an ‘\*’ then click on ‘Save & Continue’.

## Contact Information

---

Telephone Number

Telephone Number \*

Remove

###-###-####

Add Another Telephone Number

Mobile Phone Number

###-###-####

Fax Number

###-###-####

E-mail Address

E-mail Address \*

Remove

- Select the best description then click on ‘Save & Continue’

## Industry Classification

---

### NAICS Code Selection

Enter a NAICS Code or verbal description of your business in the Search for NAICS box below to identify the correct NAICS for your business. Entry into the search box will pre-fill the boxes below. If the entry is correct, then click the Select button to choose that NAICS.

If your entries in the Search for NAICS box are not providing accurate results, then systematically select options through the following fields: Select the Industry Sector, Select the Sub Sector, Select the Industry, and Select the Industry Classification until the correct NAICS code and description is displayed, then click the Select button to choose that NAICS.

If you are a homeowner, enter “814110 Private Households” as your Primary NAICS code for this application.

Principal NAICS Code:\*

Search for NAICS:

OR

Select the Industry Sector:

Please Select ▼

Select the Sub Sector:

Please Select ▼

Select the Industry:

Please Select ▼

Select the Industry Classification:

Please Select ▼

Select

- Read then click on ‘Next’:  
**Owner/Business Principal**
- 

We are almost done building your Business Profile that will be available for all future transactions for this business!

In this section you will be asked to provide the following details regarding the owner(s), principal(s), or other responsible persons associated to the business: name, title, address, phone number, date of birth, social security number or federal employer identification number, ownership percentage, and profit distribution percentages.

Back

Next

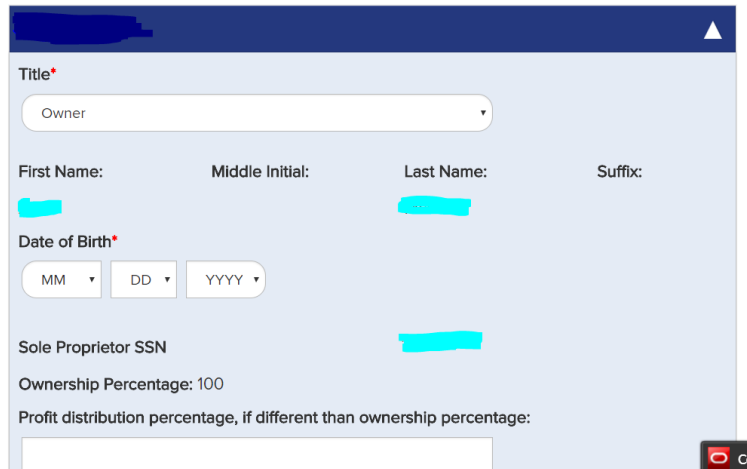
- Complete/review all sections marked with an ‘\*’ then click on ‘Save & Continue’.

## Sole Proprietor/Owner Information

Please enter your owner's information. You can also enter a Non-Owner who will be included on the application.

If you are adding another owner/principal, please scroll to the bottom of the screen to find the fields to enter the information about the owner/principal.

Please enter your homeowner information.



The screenshot shows a web form titled "Sole Proprietor/Owner Information". At the top, there is a "Title\*" dropdown menu with "Owner" selected. Below this, there are four input fields for "First Name:", "Middle Initial:", "Last Name:", and "Suffix:". The "Last Name" field is highlighted with a red box. Below these fields is a "Date of Birth\*" section with three dropdown menus for "MM", "DD", and "YYYY". Below the date fields is a "Sole Proprietor SSN" field, which is also highlighted with a red box. Below the SSN field, there are two more fields: "Ownership Percentage: 100" and "Profit distribution percentage, if different than ownership percentage:". The form is set against a light blue background with a dark blue header bar. A small red "Co-b" logo is visible in the bottom right corner of the form area.

- Read then click ‘Next’:

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

Next, we'll ask you questions specific to applying for an exemption from workers' compensation and/or disability and paid family leave benefits.

To complete this portion of the application you will need:

- Type of Permit, License or Contract for which you are requesting this form
- Name of Issuing Agency requesting proof of workers compensation and/or disability and paid family leave benefits coverage or exemption



The screenshot shows a web form titled "Workers' Compensation/ Disability and Paid Family Leave Benefits". At the bottom of the form, there are two buttons: "Back" and "Next". The "Next" button is highlighted with a red box. The form is set against a light blue background with a dark blue header bar. A small red "Co-b" logo is visible in the bottom right corner of the form area.

- Complete all sections marked with an ‘\*’ then click on ‘Save & Continue’.

## Workers' Compensation/ Disability and Paid Family Leave Benefits Insurance

### Workers' Compensation Insurance

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

Yes

No

### Disability and Paid Family Leave Benefits Insurance

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

Yes

No



- Select from drop down menu. Enter ‘City of Auburn Code Enforcement’ as issuing government agency then click ‘Save & Continue’.

## Permit/License/Contract Information

Applying for \*

- Select One -

Issuing Government Agency \*

City of Auburn Code Enforcement

#### Tip

Select the type of permit, license or contract being requested. Select OTHER if permit, license or contract type is not listed and enter what you are applying for in Other Type of Request.

Back

Save & Continue



- Complete all sections marked with an ‘\*’ then click on ‘Save & Continue’. Fill in the address where the work is being performed!

## Job Site Location Information

Project From Date \*

MM/DD/YYYY 

To Date \*

MM/DD/YYYY 

Estimated Dollar Value \*

- Select One -

Address 1\*

Address 2

City\*

State\*

New York

- Choose the best option then click ‘Save & Continue’:

## 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 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 homeowner's 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 those individuals for New York State

- Choose the best option the click ‘Save & Continue’:

## 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

- Complete/review all sections marked with an ‘\*’ then click on ‘Save & Continue’

## Applicant Personal Information

Select the individual who is submitting the application\*

Title\*

First Name\*

MI

Last Name\*

Address Line 1\*

Address Line 2

City\*

- Review all information under Summary, edit as necessary, then click ‘Next’

## Summary

---

### Workers' Compensation/Disability and Paid Family Leave Benefits (CE-200 for Homeowner)

- Click on ‘I agree’ then click ‘Save & Continue’.

#### 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

- Click on ‘Submit Application’

## Ready to Submit Application

---

Click the ‘Submit Application’ button below to send your application for agency processing. You can visit your Dashboard at any time to track the status of your application.

Back

Submit Application

- A confirmation e-mail will be sent to you:

## Application Confirmation

---

Your Workers' Compensation and/or Disability and Paid Family Leave Benefits application has been successfully submitted on 04/30/2018 02:25 PM. The confirmation details are listed below. You will also receive this information via email.

Entity Name:

Application ID:

Please visit the [Recent Activity](#) section of your dashboard to check the status of this submission and to view or print your application/certificate.

Thank you for using the [New York Business Express](#) portal.

- Check your profile for recent activity. Click on 'View Exemption Certificate':

Recent Activity

## Recent Activity

Select the business for which you would like to view recent activity

Filter by: Business

Select a Business

Apply Filter



Approved/Issued

Workers Compensation Board

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


[See More Details](#)

[View Exemption Certificate](#)

[View Summary](#)

[View Confirmation](#)

- Open and print your certificate. Sign and date & bring into this office when applying for your permit.

 <p>Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Benefits Insurance Coverage</p> <p><i>**This form cannot be used to waive the workers' compensation rights or obligations of any party.**</i></p> <p>The applicant may use this Certificate of Attestation of Exemption <b>ONLY</b> to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may <b>NOT</b> use this form to show another business or that business's insurance carrier that such insurance is not required.</p> <p>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.</p>	
<p>In the Application of (Legal Entity Name and Address):</p> <p>JOHN SMITH 112 MAIN STREET ALBANY, NY 12207 112-111-1111 Federal ID Number: XXXXX979</p>	<p>Business Applying For: <b>BUILDING PERMIT</b></p> <p>From: CITY OF ALBANY, DEPT OF BUILDING AND CODES</p> <p>The location of where work will be performed is: 112 ACME AVENUE, ALBANY, NY 12203.</p> <p>Estimated dates necessary to complete work associated with the building permit are from October 14, 2008 to March 31, 2009.</p> <p>The estimated dollar amount of project is \$75,001 - \$89,999</p>
<p><b>Workers' Compensation Exemption Statement:</b></p> <p>The above named business is certifying that it is <b>NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE</b> for the following reason:</p> <p>The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.</p>	
<p><b>Disability Benefits Exemption Statement:</b></p> <p>The above named business is certifying that it is <b>NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE</b> for the following reason:</p> <p>The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or it is a one or two person partnership, with those individuals owning all of the stock and holding all offices of the corporation (in a two person partnership, each individual must be an officer and own at least one share of stock) or is a business with no NY State location. In addition, the business does not require disability benefits coverage at this time since it 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 Benefits Law.)</p> <p>I, JOHN SMITH, as the Sole Proprietor 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 material 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 future 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 benefits coverage is required, the above named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage to the government entity approved by the Chair of the Workers' Compensation Board to the government entity listed above.</p>	
<p>SIGN HERE</p> <p>Signature: _____</p> <p>Exemption Certificate Number <b>2008-0019</b></p>	<p>Date: _____</p> <p>Received <b>October 2, 2008</b> NYS Workers' Compensation Board</p>