

19. Do you utilize the services of any contractor and/or subcontractor in New York State? Yes No

20. Greatest number of production workers in the past twelve months:

Was: _____ during the month of: _____

21. Insurance

Provide: Certificates of insurance for both Workers' Compensation and Disability Insurance with ~ application. For information regarding Workers' Compensation or Disability Insurance, you may contact the NYS Workers' Compensation Board at (866) 298-7830.

For Workers' Compensation, Only **One** of these forms is necessary:

- A) C - 105.2: Certificate of Workers' Compensation Insurance
- B) CE - 200: Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- C) U - 26.3: State Insurance Fund's version of C 105.2
- D) S1 - 12: Certificate of Workers' Compensation Self-Insurance
- E) SI - 105.2P: Certificate of Participation in Workers' Compensation County Self-Insurance Plan
- F) SIG - 105.2: Certificate of Participation in Workers' Compensation Group Board-Approved Self-Insurance

For Disability Insurance, Only **One** of these forms is necessary:

- A) CE - 200: Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- B) DB - 120.1: Certificate of Disability Insurance
- C) DB - 155 or DB - 120.2: Certificate of Disability Benefits Self-Insurance or Participation in Group Self-Insurance

22a. Publicly-traded corporations must list the names, titles and addresses of all corporate officers for new and renewal applications. Photographic proof of identity is required for each officer for new applications (and for renewal applications only when there has been a change in officers). Use back of form or attach additional sheets as necessary.

Name and Address	New Officer	Yes	No	Name and Address	New Officer	Yes	No
Name and Address	New Officer	Yes	No	Name and Address	New Officer	Yes	No
Name and Address	New Officer	Yes	No	Name and Address	New Officer	Yes	No

22b. All businesses which are not publicly-traded, whether sole proprietorship, partnership, LLC, corporation, etc must list the required information for the individual owner, each partner, member, or corporate officer, and the ten largest shareholders, and any persons with any financial interest in the business. (Use back of form or attach additional sheets as necessary). The individual owner, each partner, member or corporate officer is required to submit photographic proof of identity for new applications (and for renewal applications only when a person has been replaced).

Name and home address New person Yes No	Social Security Number Last 4 digits ____ _	Owner Partner Member Officer (specify)	Amount or percentage of ownership _____
		Shareholder	

Name and home address New person Yes No	Social Security Number Last 4 digits — — — —	Owner Partner Member Officer (specify)	Amount or percentage of ownership _____
		Shareholder	

23. Have you been found to be in violation of the New York State Labor Law within the last three years?
 No Yes If yes describe the violations. Use back of form or attach additional sheets, if necessary.

Date of Violation	Nature of the Violation
___ / ___ / ____	

In order to complete this form, you must provide certain personal information. The authority to collect the information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Division of Labor Standards. Failure to provide the information may result in our inability to process your application.

By filing this application I give permission to the Commissioner of Labor to provide all records filed by the company for Unemployment Insurance (UI) reports and contributions required by State Labor and Tax Law, to employees of the New York State Department of Labor. This includes, but is not limited to, information contained in or relating to the quarterly combined withholding, wage reporting and UI returns, the registrar for UI, the New Hire file, and all records of UI delinquencies. This information may only be used for government purposes regarding the licensing and certification of this company as required by Article 12-A of the New York State Labor Law and the regulations of the New York State Department of Labor, and for monitoring the company's compliance with Article 12-A.

I understand that by signing this I am granting permission to the Commissioner of Labor to provide access to my Unemployment Insurance (UI) benefit file.

I hereby affirm that the information provided in this application is true and accurate. I understand that if I knowingly falsify such information I may be criminally prosecuted under Penal Law Section 175.35 and 210.45.

Signature

___ / ___ / ____
Date

Printed name for above signature

Title