ULSTER COUNTY DEPARTMENT OF PUBLIC WORKS

To: Commissioner of Public Works
Tel: 845-340-3100
Fax: 845-340-3113

APPLICATION FOR SPECIAL EVENT PERMIT

Department of Public Works
317 Shamrock Lane
Kingston, NY 12401

Permit # _____ **Date** _____

TO: Commissioner of Public Works
County of Ulster

Application is hereby made for a Special Event Permit for access to road(s) on the County Road System.

Applicant _____

Address _____

_____

Telephone Daytime _____ Emergency _____ Fax _____

Email _____

Purpose of Event _____

Date of Event _____

County Road(s) to be Utilized _____

If a permit is granted, I hereby agree to conform to all the conditions and restrictions forming a part of this permit and to conform to all local ordinances, if any, and to conform to the provisions as set forth in the Federal and New York State MUTCD (Manual of Uniform Traffic Control Devices).

_____

APPLICANT' S NAME (Please Print) TITLE DATE

_____

APPLICANT'S SIGNATURE

OFFICIAL USE ONLY

Permission is hereby granted to applicant.

A Certificate of General Liability (bodily injury/property damage) Insurance, with "Additional Insured" endorsement, shall be on file at the Office of the Commissioner of Public Works and be in compliance with the Department's current insurance directives.

Signature _____ Date _____
COMMISSIONER OF PUBLIC WORKS

Signature _____ Date _____
UCDPW REVIEWER

APPLICATION FOR SPECIAL EVENT PERMIT

CONDITIONS & RESTRICTIONS

THE FOREGOING PERMIT IS GRANTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. This permit shall not be assigned or transferred except with the written consent of the County Commissioner.
2. The applicant hereby agrees to indemnify and save harmless the County from all suits, actions or damages of every kind whatsoever, which may arise from or on account of the event under this permit. General Liability Insurance for the protection of the applicant and the County will be maintained in such an amount and in such company and in such case as the County Commissioner may require. The County of Ulster shall be named as "Additional Insured" on the policy provided.
3. A map shall be provided if the event is to take place on multiple roads, highlighting the affected road segments.
4. The County Commissioner reserves the right to revoke or cancel this permit at any time should the applicant fail to comply with the terms and conditions herein prescribed.
5. Applicant's approved copy of this permit shall be in possession of the parties actually involved.
6. The Owner/Applicant is responsible to attain any additional required permits/permissions including, but not limited to, applicable Federal, State and Local permissions.
7. It is mandated that the local fire company(s) as well as the emergency medical service receive prior written notification of the Special Event in order to respond efficiently to non-permit related emergencies as such may occur during the duration of the permit activity. Copies of such notification shall be provided to the Commissioner of Public Works prior to validation of the permit.
8. This permit is subject to any and all constraints, which may be predicated by the Commissioner of Public Works and/or local municipality.
9. Arrangements shall be made with local law enforcement agencies to provide, during the period of such Special Event for the handling of pedestrian and motor vehicle traffic, the re-routing of traffic, caring for emergencies and other related needs.
10. The applicant hereby agrees to clean up any debris along the County Highway System in the vicinity of the specified locations arising out of or as a result of the activity under this permit.
11. **No County Road closures will take place during this event and none will be permitted.**

☐ **Refer to Schedule A for Special Conditions if box is checked.**

I HEREBY AGREE TO THE ABOVE CONDITIONS AND RESTRICTIONS.

_____ _____

Authorized Applicant Name (Please Print) Authorized Applicant Signature Date

Summary of Ulster County Insurance Requirements:

Item Numbers 1-3: See the attached Sample Certificate of Insurance (Accord Form) for the required minimum limits and the language required for the Additional Insured and Certificate Holder Notes.

Item No. 4: See the following Part 1 and Part 2 lists of the appropriate acceptable forms for **Worker's Compensation** and **Disability Benefits**. ***Please note that the Accord Form is no longer acceptable proof of NYS Workers' Compensation and Disability Benefits Insurance Coverage***

Part 1: Acceptable forms for Workers' Compensation: Provide one of the following.

C-105.2 or U-26.3 or GSI 105.2

Part 2: Acceptable forms for Disability Benefits: Provide one of the following.

DB 120.1 or DB-155

OR

Starting December 1, 2008, ONLY applicants eligible for **exemptions** must file a **new CE-200** for **each** and **every** new or renewed permit, license or contract issued by a government agency. Each CE-200 will specifically list the issuing government agency and the specific type of permit, license or contract requested by the applicant. Applicants for building permits will also need to supply additional information including identifying the specific job location and the estimated cost of the project.

Please ensure that the legal entity name on Form CE-200 exactly matches the legal entity name that is applying for the permit, license or contract. Please also ensure that the applicant signs and dates Form CE-200.

Each CE-200 will have a certificate number printed on it. Form CE-200s may be verified on the Board's web site at www.wcb.state.ny.us.

The applicant attests under penalty of perjury that the information contained in the CE-200 is accurate – the Board does not initially verify this information. However, Board staff may investigate applicants filing Form CE-200.

** **Be sure to forward the following pages to your insurance company to ensure the proper insurance coverage to is submitted Ulster County.**

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YY

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

COMPANIES AFFORDING COVERAGE

COMPANY A

COMPANY B

COMPANY C

COMPANY D

COVERAGE'S

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY						
	☑ COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	$	1,000,000.00
	☐ CLAIMS MADE ☑ OCCUR				PRODUCTS-COMP/OP AGG	$	1,000,000.00
	☑ OWNER & CONTRACTOR'S PROT				PERSONAL &ADV INJURY	$	1,000,000.00
	☐ _____				EACH OCCURRENCE	$	1,000,000.00
					FIRE DAMAGE Any one fire	$	50,000.00
					MED EXP Any one person	$	5,000.00
	AUTOMOBILE LIABILITY						
	☐ ANY AUTO				COMBINED SINGLE LIMIT	$	-
	☐ ALL OWNED AUTOS				BODILY INJURY Per person:	$	-
	☐ SCHEDULED AUTOS						
	☐ HIRED AUTOS				BODILY INJURY Per accident:	$	-
	☐ NON-OWNED AUTOS						
	☐ _____				PROPERTY DAMAGE	$	-
	GARAGE LIABILITY						
	☐ ANY AUTO				AUTO ONLY-EACH ACCIDENT	$	-
	☐ _____				OTHER THAN AUTO ONLY	$	-
					EACH ACCIDENT	$	-
					AGGREGATE	$	-
	EXCESS LIABILITY				EACH OCCURRENCE	$	-
	☐ UMBRELLA FORM				AGGREGATE	$	-
	☐ OTHER THAN UMBRELLA FORM					$	-
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	THE PROPRIETOR PARTNERS/ EXECUTIVE OFFICERS ARE: ☐ INCL ☐ EXCL				EL EACH ACCIDENT	$	-
					EL DISEASE-POLICY LIMIT	$	-
					EL DISEASE-EA EMPLOYEE	$	-
	OTHER						

ITEM 1

DESCRIPTION OF OPERATIONS; LOCATIONS; VEHICLES; SPECIAL ITEMS

ITEM 2

Ulster County, PO Box 1800, 244 Fair Street, Kigston, NY 12402 is named as an additional insured with respect to work performed by the insured.

CERTIFICATE HOLDER

ITEM 3

County of Ulster
PO Box 1800
244 Fair Street
Kingston, NY 12402

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE MO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES

Item No. 4: Workers Compensation and Disability Benefits

PART 1:

WORKERS' COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

A) be legally exempt from obtaining workers' compensation insurance coverage; or
B) obtain such coverage from insurance carriers; or
C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the government entity issuing the permit or entering into a contract:

A) ***C-105.2*** -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE**: The State Insurance Fund provides its own version of this form, the ***U-26.3***; **OR**

B) ***GSI-105.2*** -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request), OR Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

PART 2:

DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

A) be legally exempt from obtaining disability benefits insurance coverage; or
B) obtain such coverage from insurance carriers; or
C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST** provide **ONE** of the following forms to the entity issuing the permit or entering into a contract:

A) ***DB-120.1*** -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**

B) ***DB-155*** -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

INSTRUCTIONS FOR OBTAINING FORM CE-200

The CE-200 in now an on-line application. Please remember that applicants are submitting the CE-200 under penalty of perjury, a felony carrying a penalty of four years jail time. Accordingly, all statements on the CE-200 must be true.

Applicants may access the CE-200 application on the Board's Website: www.wcb.ny.gov

1. Click on the button entitled "WC/WB Exemption Forms CE-200" (In bright yellow letters).
2. Click on the Request for WC/WB Exemption (Form CE-200).
3. Click the gray button on the bottom (Select to access web –based Application).
4. Applicants should create their own PIN number.
5. Follow the rest of the prompts.

It should take about 5 minutes to fill out the first time. **Applicants are required to print, sign and date Form CE-200 and send it to the Government Agency issuing their permit, license, or contract from.**

If the applicant is having difficulty in printing the CE-200, please call the Board's CE-200 Hotline at 866-546-9322, then press 1, and then press 3 and leave a voice message with the certificate number, the name of the business and a contact number. The CE-200 will be sent to the business address on the CE-200 within one business day.

Certificate of Attestation of Exemption
From New York State Workers' Compensation and/or Disability 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 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):	Business Applying For:
JOHN SMITH **123 MAIN STREET** **ALBANY, NY 12207** **111-111-1111** **Federal ID Number: XXXXX6789**	**BUILDING PERMIT** **From: CITY OF ALBANY, DEPT OF BUILDING AND CODES** The location of where work will be performed is **123 ACME AVENUE, ALBANY, NY 12203.** Estimated dates necessary to complete work associated with the building permit are from **October 14, 2008 to March 31, 2009.** The estimated dollar amount of project is **$25,001 - $50,000**

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 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.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:

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 is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS 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.)

I, JOHN SMITH, am 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 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 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 on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:

Exemption Certificate Number
2008-00197

Received
October 2, 2008
NYS Workers' Compensation Board