

→ **PLEASE SUBMIT IF HOMEOWNER IS DOING THE WORK** ←

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- ☐ I am performing all the work for which the building permit was issued.
- ☐ I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- ☐ I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ♦ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ♦ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)

(Date Signed)

(Homeowner's Name Printed)

Home Telephone Number _____

Property Address that requires the building permit:

Sworn to before me this _____ day of _____, _____.
_____ (County Clerk or Notary Public)

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.



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Village of Ossining

16 Croton Avenue, Ossining, NY 10562

Hold Harmless and Indemnification Agreement

Property Address _____ Tax ID _____ ("Property")

Name of Property Owner _____

I, _____, possess full authority to enter into this Hold Harmless and Indemnification Agreement with the Village of Ossining in connection with work I am conducting without the aid of contractors at the Property for which I have applied, and I hereby agree to save, hold harmless and indemnify the said Village of Ossining, its officers, directors, employees and agents, from any liability whatsoever with respect to the issuance of the Building Permit and the work associated therewith. I further agree that I will neither commit nor omit any act which may result in any type of claim, loss, damage, liability, costs and/or expenses, including, but not limited to attorney fees against the said Village of Ossining in connection with the Building Permit and work associated therewith.

In the event that the said Village of Ossining suffers any loss whatsoever as a result of the Building Permit and the work associated therewith, except with respect to the Village's own negligence, I further agree to fully indemnify and defend the Village of Ossining for any such suffered loss.

If, in fact, I am not authorized to enter into this Agreement, I shall personally save, hold harmless, and indemnify the said Village of Ossining in accordance with the terms set forth above.

Signature _____ Date _____

Mailing Address _____

State of New York

ss:

County of _____

On the _____ day of _____ in the year 20 _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public _____