



**Department  
of Labor**

Division of Labor Standards  
Permit and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 185B  
Albany, NY 12240  
[www.labor.ny.gov](http://www.labor.ny.gov)

## Verification of Workers' Compensation/Disability Insurance Coverage

This form is to be completed by Payroll Services for applicants that apply for Certificates of Eligibility to Employ Child Performers. Submit this form with the application and forms C-105.2 and DB-120.1 from the insurance carriers.

The employees of (enter name and address of applicant)

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are covered under the  Workers' Compensation Policy  Disability Insurance Policy of

(enter name and address of the Payroll Service whose policies cover the employees of the applicant listed above)

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I, the undersigned, affirm that I am authorized to submit this verification on behalf of the applicant and Payroll Service shown above and that a written contractual agreement exists between the applicant and Payroll Service to provide Workers' Compensation and Disability Insurance to employed performers.

I certify under penalty of perjury that the information in this verification and all attachments is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Name (*Please Print*)

\_\_\_\_\_  
Title