

**Inc. Village of Oyster Bay Cove
68 West Main Street
Oyster Bay NY 11771
516-922-1071 516-922-1761 Fax**

1) Worker's Compensation Insurance Requirements

Please be advised that the following forms are the only acceptable documents for proof of worker's compensation insurance on all proposed building permit applications (No Accord Forms accepted)

Standard Form Numbers

C-105.21

C-105.2

U-26.3

The insurance documents must be an original (no faxes or copies)

2) Liability Insurance

Please be advised the Accord form must be an original (no copies)

3) Disability Insurance

Standard form DB120.1

ATTENTION APPLICANT:

Please notify your contractor that their insurances must be updated and current for the duration of the project to be valid

- **The project name and address must be on the certificate**
- **Please note the Village as the certificate holder as follows:**

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