



**VERIFICATION OF
WORKERS' COMPENSATION/DISABILITY
INSURANCE COVERAGE**

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, NY 12240

To be completed by Payroll Services
for applicants for Certificates of Eligibility to Employ Child Performers
and submitted with the application along with
forms C-105.2 and DB-120.1 from insurance carriers.

The employees of (enter name and address of applicant)

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)

I, the undersigned, affirm that I am authorized to submit this verification on behalf of the applicant and Payroll Service shown above.

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