

TOWN OF EASTCHESTER BUILDING AND PLANNING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

(914) 771-3317
(914) 771-3322 Fax

building@eastchester.org
www.eastchester.org

SIGN PERMIT APPLICATION PACKAGE

Sign Review Process

The SRC (Sign Review Committee, a subcommittee of the Town of Eastchester Architectural Review Board) reviews and approves all signs within the Town of Eastchester. A copy of the Sign Law of the Town of Eastchester is available on the Town's web site (www.eastchester.org) and in the Building and Planning Department.

Meeting Schedule and Attendance at Meetings.

The Sign Review Committee holds special meetings specifically to review signs. Sign Review meetings are held once a month during business hours. For details, please refer to the Sign Review Meeting Dates and Submission Deadlines available on the Town's web site (www.eastchester.org) and in the Building and Planning Department. Agendas for upcoming meetings are posted on Channel 19, the Town's web site and in the Building and Planning Department, generally by the Friday prior to the meeting. The applicant and/or a representative from the sign company must attend the meeting (it is highly recommended that both parties attend the meeting).

Submission Requirements

1. **6 sets** of complete application packages (see attached Sign Permit Application and Application Checklist) must be submitted to the Building and Planning Department by no later than 4:00 p.m. on the submission date listed on the Meeting Dates and Submission Deadlines schedule available on the Town's web site (www.eastchester.org) and in the Building Department.
2. Each of the 6 sets must be complete and collated (include all information in each set). Sets that are not collated, are incomplete, or are presented in inappropriate or illegible format, will not be considered for the next scheduled meeting and will be returned to the applicant. It is wholly the applicant's responsibility to ensure that an application is complete. Applications will be reviewed on a first-come, first-served basis. Meeting the submission deadline does not guarantee placement on the next agenda. Check the agenda on the Town's web site or call the Building and Planning Department to confirm if the application has been included on an agenda.
3. All items listed on the attached Application Checklist must be included in submissions to the SRC unless an item is clearly not applicable to a specific application. Check (✓) the box in the appropriate column to indicate which items are included in the submission.
4. An application fee of \$100.00* (for each property, regardless of the number of signs proposed). The application fee must be paid when applications are submitted to the Building Department.

NOTE: Please read submission requirements and application checklist carefully. Incomplete applications will not be accepted.

Permit Requirements

October 1, 2019

Once signage is approved by the SRC, the applicant must obtain a sign permit from the Building Department prior to installing the approved sign. The sign company that is responsible for installing the sign must have current liability, workers' compensation and disability insurance on file with the Building Department. A permit fee of \$250.00* per application must be submitted before a sign permit can be issued. * **Upon completing the installation of any approved sign, it is the responsibility of the Contractor and/or Business Owner to contact the Building & Planning Department to arrange for a final inspection in order to close out the permit. No Fee required.**

For all applications for awnings or canopies, the following must be provided as a condition of any sign permit approval, in accordance with Section 2404 of the Fire Code of New York State:

- Awnings or canopies shall have a permanently affixed label bearing the identification of size and fabric or material type.
- A certification in the form of an affidavit shall be submitted to the Fire Inspector and a copy retained on the premises, attesting to the following information relative to the flame resistance of the fabric:
 1. Names and address of the owners of the tent, canopy or air-supported structure.
 2. Date the fabric was last treated with flame-resistant solution.
 3. Trade name or kind of chemical used in treatment.
 4. Name of person or firm treating the material.
 5. Name of testing agency and test standard by which the fabric was tested.
- Once the awning/canopy is installed, the applicant shall coordinate with the Fire Inspector (914-723-2784) to arrange for an inspection.

*Make Checks Payable to the Town of Eastchester

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

THREE SEPARATE INSURANCE CERTIFICATES ARE REQUIRED:

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **C-105.2** – Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form – the **U-26.3**)
 - **SI-12** – Certificate of Workers' Compensation Self-Insurance
 - **GSI-105.2** – Certificate of Participation in Workers' Compensation Group Self-Insurance
3. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** – Certificate of Disability Benefits Insurance
 - **DB-155** – Certificate of Disability Benefits Self-Insurance

Note: On all insurances, the certificate holder must be listed as:

**Town of Eastchester
40 Mill Road
Eastchester, NY 10709**

SIGN PERMIT APPLICATION

Project Name: Mobil
Project Street Address: 830 White Plains Rd
Section: 60 **Block:** 2 **Lot(s):** 3 **Zone:**

(Section, Block and Lot and Zoning District information MUST be completed by the applicant)

Owner: GTY NY LEASING, Inc.
Address: 292 Madison Ave - 9th Fl, New York, NY 10017
Phone #: 646-349-6000 **Email:** GBENDZIN@GETTYREALTY.COM

Lessee: KHALIL JAMAL
Address: 826 WHITE PLAINS RD SCARSDALE NY 10709
Phone #: 914-879-3109 **Email:** SPARKER@CPDGROUP.COM

Sign Company: STATION-GLO OF NEW ENGLAND INC **Contact Name:** KARA KENNEDY
Address: 4 NOE PLACE BEACON FALLS CT 06403
Phone #: 203-723-4662 **Email:** FINANCE@STAGLO.COM

* Is lighting being proposed? Yes _____ No X If "YES", is lighting New _____ or Existing _____

* If lighting is "Existing", is the existing lighting/electrical being altered? Yes _____ No _____

* **Please Note** * If proposed lighting is "New" or being "Altered", a separate Electrical Permit is required.

APPLICATION CHECKLIST

Submission Items	Check Box
Completed Sign Application and Application Checklist	X
Design/construction details of each proposed sign/awning at a legible and measurable scale showing: <input type="checkbox"/> Proposed lettering, colors and graphics <input type="checkbox"/> All proposed dimensions (sign height, length and thickness; letter heights and widths; etc.) <input type="checkbox"/> Construction details (including, but not necessarily limited to, how the sign will be attached to a building facade or anchored to the ground)	X
Building elevations and/or photo simulations showing the location of all proposed signs/awnings and proposed lighting (and, where applicable, all existing signs proposed to remain), including: <input type="checkbox"/> The dimension of the storefront on which the sign will be located. (Measured from the outside edge of the exterior building walls or from the center line of shared walls. Note that proposed wall signs may not exceed 75% of the length of the storefront) <input type="checkbox"/> The dimension of the sign above the sidewalk or ground plane. <input type="checkbox"/> The type and location of proposed lighting fixtures.	X
For free standing signs, a site plan showing: <input type="checkbox"/> The proposed location of the free-standing sign. (Note that free-standing signs must be located within the property lines and may not be located within or overhanging a public right-of-way). <input type="checkbox"/> Proposed landscaping, if applicable. <input type="checkbox"/> The type and location of proposed lighting, if applicable.	N/A
Physical samples of proposed colors and materials. (If possible, provide fabric and color sample swatches with each application; Bring samples to the Sign Review meeting).	N/A
Catalogue cut sheets of proposed lighting fixtures	N/A
Color photographs of the existing building/premises, showing existing conditions, and adjacent properties a minimum of 100 feet to the left and right and on the opposite side of the road. (Black and white or unclear photographs will not be accepted.)	X
If the proposed signs/awnings do not conform to all requirements of the Sign Law, the applicant <u>MUST</u> provide drawings which show fully conforming signs for comparison by the ARB, including: (1) dimensioned drawings of the conforming signs; and (2) building elevations or photo simulations showing the conforming signs.	N/A

October 1, 2019

AFFIDAVIT OF OWNERSHIP

State of New York
County of Westchester

)
) SS:

I, Christopher J. Constant,
President of GTY NY Leasing, Inc., being duly sworn, deposes and says:
(clearly print first and last name of property owner)

(check appropriate box)

- ☐ I am the owner of the property for which this application is being submitted.
☒ I am an officer of the corporation that owns the property for which this application is being submitted.

Further (check applicable box):

- ☐ I am submitting this application on my own behalf.
☒ I am authorizing the following individual to submit this application on my behalf:

KARA KENNEDY

(clearly print name of individual authorized to submit this application)

Further:

To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance with all applicable laws, ordinances and regulations.

By: GTY NY Leasing, Inc.

(Signature of Owner)

Christopher J. Constant, President
(Print Name of Owner)

Sworn to before me this 23rd day of February 2021

(Signature of Notary Public)

STEPHANIE NICOLE MATZ
Notary Public, State of New York
No. 01MA6335620
Qualified in Suffolk County
Certified in New York County
Commission Expires January 19, 2024

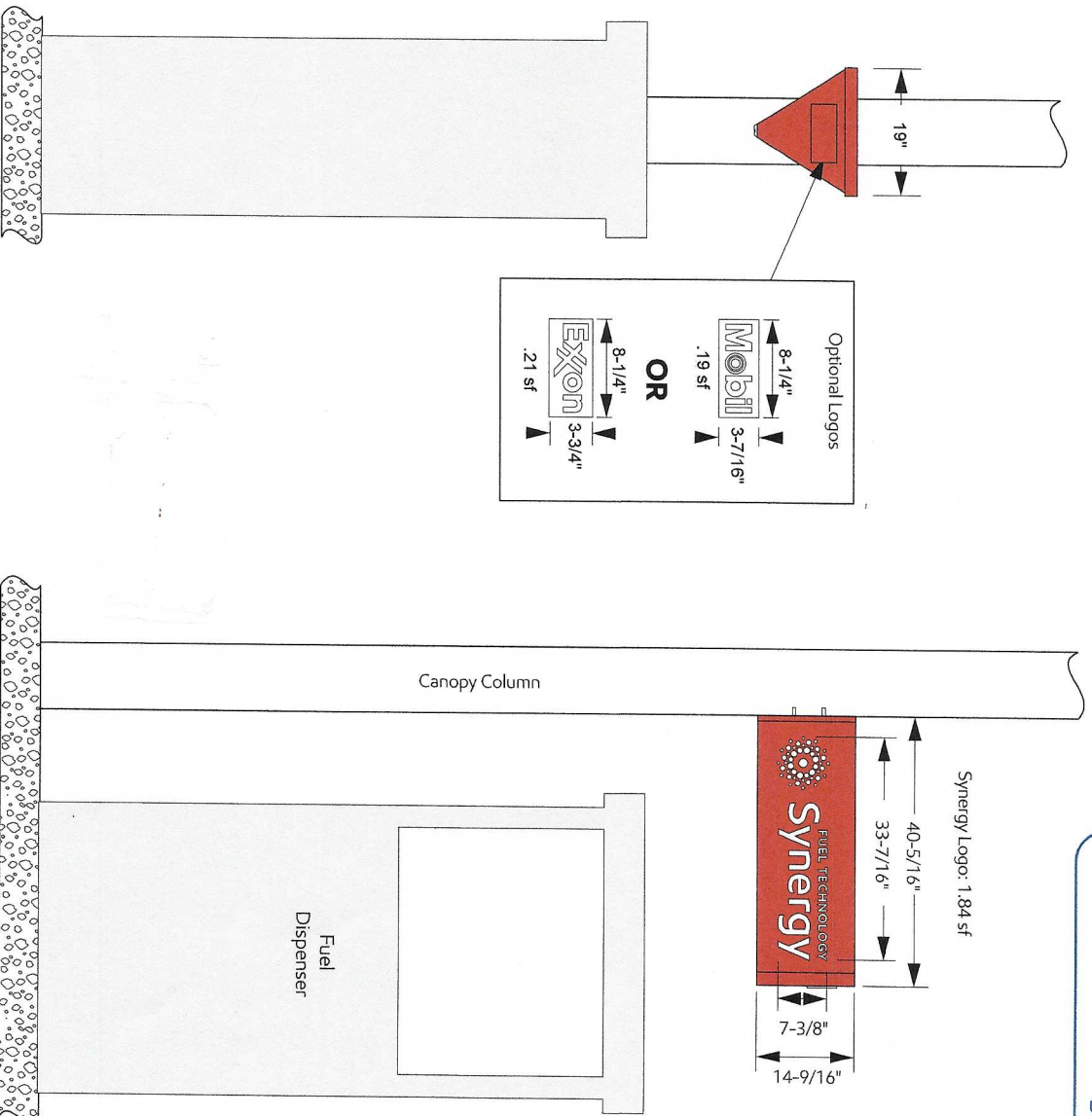
B APERTURE SPECIFICATIONS

BLADE

Blade

Structural Spec:

- Low density polyethylene (LDPE) frame around steel tube
- Acrylonitrile butadiene styrene (ABS) outer skin
- 50 lbs total weight
- Structure rated at 120 mph wind load



***See installation guide**

Project Name	PBL #	Customer	Created by
ExxonMobil	323228	ExxonMobil	H. Ferro
Revision #	Date	Scale	Page #
R1	05_18_2017	NA	7 OF 11

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**SAMPLE PICTURE OF BLADE INSTALLED AT ANOTHER
LOCATION**





100 feet to the RIGHT of 826 White Plains Rd Scarsdale NY



100 feet to the LEFT of 826 White Plains Rd Scarsdale NY

1. The existing use for this survey originated from Liber 2397 Page 193.
2. This property has an area of 14,458 square feet or 0.3328 acres of land.
3. This property is disparted by Westchester County, as Tax Map Section 80 Block 2 lot 3.
4. There was no observable evidence of cemeteries found at the time of this survey.
5. This site has access via White Plains Road and Gaylor Road, both being dedicated public right of way.

③ **Governors, candidates, committees, leagues, organizations or friends of record** as follows:

THERE ARE NO OBSERVED POTENTIAL ENCROACHMENTS

Zone: B9 - (a)(2) Business

Permitted Use Classification:	Not Permitted - Gas Station
Excluded Use(s):	Gas Station

The following use condition (DO NOT appear from certificate observations) to fall within permitted uses as listed above in the table:

1. The use of a carterer taking regularity services of non-residential district regulations.

2. To change and transportation for further information contact: Town of Lancaster (phone: 914-771-3317) Contact's Name: Margaret K. Gable

1. Minimum building setbacks:
Front: 10 ft. (min. provided: 34.2 ft.)
Side: 10 ft. (min. provided: 24.8 ft.)
Rear: 30 ft. (min. provided: n/a)
2. Minimum lot size: n/a (min. provided: 14,498 s.f.)
3. Minimum lot frontage: n/a (min. provided: 100.00 ft.)
4. Maximum building height: 45 ft. (max. provided: 15.2 ft.)

- Regular parking space calculations are based on exterior footprint of building at ground level and are further calculated using the formula of 1 space for each 500 sq. ft. of gross floor area or 3 spaces per work station, whichever is greater.
- Handicap spaces are calculated based on ADA requirements or local requirements, whichever is greater.

FLOOD ZONE NOTE

First Order, LLC
1700 Sullivan Trail, Suite 2
Easton, PA 18040
Phone: (610) 438-5840
Fax: (610) 438-0004

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[illegible]

All these section lots, pieces or parcels of land, situate in the Town of Eastchester, in Westchester County, State of New York and designated on a certain map entitled, "Map of Second Addition to Arthur Monro, Scorsbale and Eastchester, Westchester Co., N.Y., property of Arthur Southron Home Company," made by Oliver A. Hyatt Surveyor, Scorsbale, N.Y., dated November, 1893, and filed in Westchester County Register's Office on the fifteenth day of May, 1894 as Map No. 3111, by the lot numbers Three, Four, Seven, Eight, Nine and Ten in Book 37.

[illegible]

ExxonMobil
SS#13155
826 White Plains Road
Scarsdale, NY

[illegible]

**For Inquiries Concerning This Survey Contact Mr.
National Coordinators of Land Survey Services**

6593 Commerce Court - Warrenton, Virginia 20167
Phone: (540) 428-3550 Fax: (540) 428-3560
www.mhassociates.com

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (Use street address only)</p> <p>Station Glo of New England, Inc. 4 Noe Place Beacon Falls, CT 06403</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>203-627-4119</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured</p> <p>14-1556987</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0; text-align: center;">Town of Eastchester 40 Mill Rd Eastchester NY 10709</div>	<p>3a. Name of Insurance Carrier</p> <p>National Grange Mutual</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>WCB73324</p> <p>3c. Policy effective period:</p> <p><u>10-01-20</u> To <u>10-02-21</u></p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p> <p>3e. Demolition is: (Definition of Demolition on Reverse)</p> <p><input type="checkbox"/> included.</p> <p><input type="checkbox"/> excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premium or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year after the insurance carrier or its licensed agent approves this form.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permanent license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Worker Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Alan Helfer

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: 

(Signature)

2-17-21
(Date)

Title: Representative/Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 203-268-9999

Please Note: Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.



OP ID: AH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/17/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Helfer Ins. & Fin. Serv. Inc. Monroe Insurance Center Inc. 501 Main Street Monroe, CT 06468 Alan D. Helfer		CONTACT NAME: Alan Helfer PHONE (A/C, No, Ext): 203-268-9999 FAX (A/C, No): 203-261-1436 E-MAIL: ahelfer@monroe-ins.com ADDRESS: PRODUCER CUSTOMER ID #: STATI-1	
INSURED Station Glo of New England, In 4 Noe Place Rd Beacon Falls, CT 06403	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Grange Mutual		14788
	INSURER B: Progressive Insurance		42919
	INSURER C: Nautilus Insurance		17370
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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 HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MPB73324	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ Comp Ded \$ 1,000 Collision Ded \$ 1,000					
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		ANO35589	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	DEDUCTIBLE \$ RETENTION \$					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	WCB73324 COVERAGE 3A INCL NY & MA	10/01/2020	10/01/2021	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Town of Eastchester
40 Mill Rd
Eastchester NY 10709

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Alan D. Helfer



**Workers'
Compensation
Board**

CERTIFICATE OF INSURANCE COVERAGE
under the NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) STATION GLO OF NEW ENGLAND INC 4 NOE PLACE BEACON FALLS CT 06403 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small>	1b. Business Telephone Number of Insured 203-723-4662 1c. Federal Employer Identification Number of Insured or Social Security Number 141556987
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Eastchester 40 Mill Road Eastchester, NY 10709	3a Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY 3b Policy Number of Entity Listed in Box "1a" LNY-779240 3c Policy effective period 04/01/2020 to 03/31/2021

4. Policy provides the following benefits:

- ☐ A. Both disability and paid family leave benefits.
☐ B. Disability benefits only.
☐ C. Paid family leave benefits only.

5. Policy covers:

- ☐ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 02/17/2021

Elizabeth Tello

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (212) 553-8074

Name and Title: Elizabeth Tello – Assistant Director, Statutory Services

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is **COMPLETE**. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is **NOT COMPLETE** for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

**State of New York
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number

Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

