

Village of North Syracuse
Municipal Tree Work License Application

It shall be a precondition of conducting tree work business in the Village of North Syracuse that the people intending to conduct business obtain a municipal tree work license, and provide the information required in this application. The Village of North Syracuse Municipal Code 219-16.

Company Name: _____

Owner Name: _____

Company Address: _____

Company Phone #: _____ Cell#: _____

Services to be performed: _____

ALL LIMBS AND DEBRIS FROM TREE WORK MUST BE CLEANED UP AND REMOVED – DO NOT LEAVE ANY DEBRIS BY THE CURB. FAILURE TO DO SO MAY RESULT IN A BILL FOR THE COST OF ANY CLEAN UP, A FINE, AND REVOCATION OF YOUR TREE LICENSE.

Did you have a previous license with the Village? No ___ Yes ___ When? _____

Number of vehicles used: _____

Provide the following information for each (attach page if needed).

Year _____ Make _____ Model _____ License Plate No. & State _____

BEFORE A LICENSE IS ISSUED EACH APPLICANT MUST:

1. Pay a \$25.00 fee for a license effective from the date issued until December 31st of the same year.
2. **INSURANCE REQUIREMENTS:** You must provide a Current Certificate of Insurance naming the Village of North Syracuse as the Certificate Holder.
(Please see the sample certificate attached.)
 - a. **Commercial General Liability Insurance**
\$1,000,000 per occurrence/\$2,000,000 general and products/completed operations aggregates. The general aggregate shall apply on a per-project basis.
 - b. **Automobile Liability**
\$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles.

c. Workers' Compensation, Employers' Liability, and NYS Disability Insurance

Statutory Workers' Compensation, Employers' Liability Insurance and NYS Disability Insurance for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACCORD certificates are not acceptable.

If you need to obtain a CE-200 exemption form for the above, please see the instructions attached.

I, _____, the undersigned, as owner/operator of a tree/lawn care service applying for a license to do business in the Village of North Syracuse, have read, understand, and agree to comply with this agreement.

Applicant Signature: _____

Date: _____

Contact information if you have any questions:

Village of North Syracuse
600 South Bay Road
North Syracuse NY 13212

Diane Ilacqua – Deputy Clerk/Treasurer
Tele: (315) 458-0900 Ext. 124

Dianne Kufel – Village Clerk/Treasurer
Tele: (315) 458-0900 Ext. 129



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2019

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 have ADDITIONAL INSURED provisions or 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 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: | |
| | INSURER B: | |
| INSURED | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | | |
| | | |

COVERAGES

CERTIFICATE NUMBER: 18-19 SAMPLE-Contractors

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------------------------------------|---|-----------|----------|-----------------------|-------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | | | | |
| <input checked="" type="checkbox"/> | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| <input checked="" type="checkbox"/> | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | Y | | | | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 |
| | 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 | N/A | *STATE FORM REQUIRED* | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

RE: Job description - scope of operations

Also list all endorsements providing coverages requested in the Agreement and attach copies

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Village of North Syracuse 600 S Bay Road North Syracuse NY 13212 | 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 |
|--|---|

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Insurance Requirements to Obtain Tree Licenses

The Village of North Syracuse, 600 South Bay Road, North Syracuse, NY 13212 must be shown as Additional Insured on all required proofs of insurance submitted to include:

- General Liability: should be on the Liability Accord Form
- Worker's Compensation Forms: C-105.2, U-26.3, SI.12, GSI-105.2 or a CE-200 Exemption
- Disability- DB-120.1, DB-155 or CE-200 Exemption

NOTE: All Name and Address information *must match exactly* on the applicant's proof of insurance on all forms that you supply or they will *not* be accepted.

To Obtain CE-200 Exempt Form for Disability, Workers' Comp or Both

Note the following:

- Pop Ups need to be enabled on your computer to print the proper form (found in the lower left corner of the form).
- The CE-200 Form has to be printed off, signed, dated and the original needs to be submitted to the Village.
- You will need to create new login information, security questions (which can be used in the future for other permits), so you may want to write them down and keep them for future use, if you have not ordered any since 2/2019, as the process has changed.
- If you need assistance you can call the New York Business Express Contact Center: (518) 485-5000

Note the following:

This refers to the page titled "Certificate of Attestation of Exemption" (attached)

NOTE: After you have registered and established the security questions the first time for each of the steps (some will open up different pages and depending on your settings; they will either be at the top in a new tab or at the bottom of the screen to click on) for the different logins it requests. In the future you will only have to start at Step #16 and not have as many steps to go through to obtain the CE-200.

TIP: Once you have completed the steps and filed for the CE-200; it tells you it will take 24 hours, but in many cases if you go back to the DASHBOARD under your login name on the right and go back in you will see a green rectangle going up and down with a ✓ in it. To the right of that page you will see three boxes, and one will let you view and print your new Certificate. Be sure to sign and date before turning it in with your permit application.

See Next Page for Instructions on how
to Obtain a Certificate of Attestation of Exemption

Certificate of Attestation of Exemption



Workers'
Compensation
Board

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to businessexpress.ny.gov.
2. Select **Log in/Register** in the top right-hand corner. A NY.gov Business account is required.
3. If you **do not have** a NY.gov business account, go to step 4 to set up your account.
If you **have** a NY.gov log-in and password, go to step 16.
4. Select **Register with NY.gov** under New Users.
5. Select **Proceed**.
6. Enter the following:
 - ▣ First and Last Name
 - ▣ Email
 - ▣ Confirm Email
 - ▣ Preferred Username (check if username is available)
7. Select **I'm not a robot**.
 - ▣ You may have to complete a Captcha Verification before proceeding.
8. Select **Create Account**.
 - ▣ If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
 - ▣ Do one of the following:
 - If the account(s) shown is a NY.gov Individual account, select **Continue**.
 - If the account(s) shown is a NY.gov Business account, select **Email Me the Username(s)**.
 - ▣ Verify that the account information is correct.
 - ▣ Select **Continue**.
10. An activation email will be sent.
 - ▣ If you do not receive an email, see the **No Email Received During Account Creation** page.
11. Open your activation email and select **Click Here**.
 - ▣ Specify three security questions.
 - ▣ Select **Continue**.
12. Create a password (must contain at least eight characters).
13. Select **Set Password**. You have successfully activated your NY.gov ID.
14. Select **Go to MyNy**.
 - ▣ At the top of the screen select **Services**.
 - ▣ Select **Business**.
 - ▣ Select **New York Business Express**.
 - ▣ Select **Log in/Register**.
15. On the New York Business Express home page, do one of the following:
 - ▣ Scroll down to Top Requests and select **Certificate of Attestation of Exemption, or**
 - ▣ Search Index A-Z for **CE-200**.
16. Under **How to Apply**:
 - ▣ Select **Apply as a Business, or**
 - ▣ Select **Apply as a Homeowner** (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:

- ▣ Select **Access Recent Activity** from your email, **or**
- ▣ Access businessexpress.ny.gov, and then access your **Dashboard** (under your login name on right).

Print and **sign** the **Certificate of Attestation of Exemption**.

Submit your **CE-200** for your license, permit or contract to the issuing Agency.