

BUSINESS ENTITY/BUILDING INFORMATION:		YES	NO
~If explanation required, please attach additional sheets as necessary~			
2.	Is the Business Entity's property interest in the premises fee simple ownership? If NO, please describe the property interest (i.e. leasehold, purchase, contract, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the company do business under any other names? If yes, please indicate those names: _____. If yes, has the company filed a certificate of doing business (d/b/a certificate) for those names? If so, please indicate what counties the certificates are filed in: _____.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the primary business of the company the leasing of space? If NO, please provide an explanation/purpose of the primary business.	<input type="checkbox"/>	<input type="checkbox"/>
5.	(a) Is any immediate family member of any individual listed in response to question No. 1 employed by the State of New York or any State Board, Commission or Authority? IF YES, what is his/her relationship to this individual and what Agency, State Board, Commission or Authority does he/she work for? Attach additional sheets if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Is any individual listed in response to question No. 1, an affiliate or any person involved in the bidding, contracting or leasing process of the company employed by the State of New York or any State board, Commission or Authority? IF YES, identify the Agency, State Board, Commission or Authority he/she works for. Attach additional sheets if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is there present on, near or within 30 meters of the premises or the building of which the premises form a part, any "PCB Transformers", "PCB Articles" or "PCB Equipment" as such terms are defined in U.S. Environmental Protection Agency Regulation (40CFR761)? (PCB Transformer owners were required by U.S. EPA Regulation (40CFR761) to notify owners of commercial buildings of the existence of PCB Transformers within 30 meters of such buildings not later than December 1, 1985).	<input type="checkbox"/>	<input type="checkbox"/>
	• If answer to #6 is YES, are such "PCB Transformers", "PCB Articles" or "PCB Equipment" labeled in accordance with U.S. Environmental Protection Agency Regulation (40CFR761)?	<input type="checkbox"/>	<input type="checkbox"/>
	• If answer to #6 is YES, have such "PCB Transformers", "PCB Articles" or "PCB Equipment" been Registered with fire response personnel having primary jurisdiction as is required by U.S. Environmental Protection Agency Regulation (40CFR761)?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there sprinklers in the premises? • If YES are they Omega, Central, Gem or Star Sprinklers? • If Omega, Central, Gem or Star, have the defective parts been replaced/repairs pursuant to recent CPSC directives and building codes?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8.	Was this building constructed prior to January 1, 1979? If YES, include date: _____	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is there present on or within the premises or the building of which the premises form a part, any asbestos material or material impregnated with asbestos, or which asbestos forms a part? If yes, please briefly describe the nature and extent of the use of asbestos, including a description of any activity which has been undertaken to preclude the asbestos from becoming friable.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is the building located within a historic district or is it listed on or as eligible for the State or National Register of Historic Places?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the Business Entity have any current or pending Real Property leases with any New York State Agencies, Authorities, Boards, or Commissions? If YES, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: You may be asked, at the Office of General Services' sole discretion, to provide a survey of the building conducted by an individual or entity certified in accordance with Section 502 of the New York State Public Health Law, describing the use of any asbestos throughout the structure as well as the present condition of such asbestos containing materials.			

BUSINESS ENTITY RESPONSIBILITY: (N/A for Municipalities)			
12.	Within the past 5 years, has the Business Entity, any individuals serving in managerial or consulting capacity, principal owners, officers, OR IF APPLICABLE, major stockholder(s) or any affiliate or any person involved in the bidding, contracting or leasing process been the subject of any of the following:		
	~If explanation required, please attach additional sheets as necessary~	YES	NO
(a)	a judgment or conviction for any business related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	a criminal investigation or indictment for any business related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing or bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	an unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any government agency?	<input type="checkbox"/>	<input type="checkbox"/>
(d)	an investigation for a civil violation by any local, state or federal agency?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	a grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, bid collusion or any crime related to truthfulness and/or business conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(f)	a local, state, or federal suspension, debarment or termination from the lease process?	<input type="checkbox"/>	<input type="checkbox"/>
(g)	a local, state or federal contract suspension or termination for cause prior to the completion of the term of a lease?	<input type="checkbox"/>	<input type="checkbox"/>
(h)	a local, state, or federal denial of a lease or contract award for non-responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
(i)	an administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?	<input type="checkbox"/>	<input type="checkbox"/>
(j)	a federal, state or local determination of a willful violation of any public works or labor law or regulation?	<input type="checkbox"/>	<input type="checkbox"/>
(k)	a sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?	<input type="checkbox"/>	<input type="checkbox"/>
(l)	a consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local environmental laws?	<input type="checkbox"/>	<input type="checkbox"/>
(m)	an Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?	<input type="checkbox"/>	<input type="checkbox"/>
(n)	a rejection of a bid on a New York State contract or a lease with the State for failure to comply with the MacBride Fair Employment Principles?	<input type="checkbox"/>	<input type="checkbox"/>
(o)	a citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of: <ul style="list-style-type: none"> - federal, state or local health laws, rules or regulations - unemployment insurance or workers' compensation coverage or claim requirements - ERISA (Employee Retirement Income Security Act) - federal, state or local human rights laws - federal INS and Alienage laws - Sherman Act or other federal anti-trust laws 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u>BUSINESS ENTITY RESPONSIBILITY (CON'T)</u>		YES	NO
(p) entered into an agreement to a voluntary exclusion from leasing or contracting with a governmental entity?	<input type="checkbox"/>	<input type="checkbox"/>	
(q) a finding of non-responsibility, a procurement contract withheld or terminated by an agency, authority or governmental agency due to the intentional provision of false or incomplete information as required by State Finance Law §§139-j and 139-k ?	<input type="checkbox"/>	<input type="checkbox"/>	
FOR EACH YES ANSWER TO QUESTIONS 12 a-q, PLEASE PROVIDE DETAILS ON ADDITIONAL SHEETS REGARDING THE FINDING, INCLUDING, BUT NOT LIMITED TO CAUSE, CURRENT STATUS, RESOLUTION, ETC.			
13. Does the Business Entity use, or has it used in the past five (5) years, any other Business Name, FEIN, or d/b/a than what is listed on page one of this document? If YES, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such entity.	<input type="checkbox"/>	<input type="checkbox"/>	
14. During the past 3 years, has the Business Entity failed to:			
(a) file returns or pay any applicable federal, state or city taxes? (If YES, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the Business Entity failed to file/pay and the current status of the liability.)	<input type="checkbox"/>	<input type="checkbox"/>	
(b) file returns or pay New York State unemployment insurance? (If YES, indicate the years the Business Entity failed to file/pay the insurance and the current status of the liability)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Have any bankruptcy proceedings been initiated by or against the Business Entity or its affiliates within the past 7 years (whether or not closed) or is any bankruptcy proceeding pending by or against the Business Entity or its affiliates regardless of the date of filing? (If YES, indicate if this is applicable to the submitting Business Entity or affiliate. If it is an affiliate, include the affiliate's name and FEIN. Provide the court name, address and docket number. Indicate if the proceedings have been initiated, remain pending or have been closed. If closed, provide the date closed).	<input type="checkbox"/>	<input type="checkbox"/>	
16. Has the Business Entity been denied, or received a decertification, revocation or forfeiture of a Minority or Women -Owned Business or Disadvantaged Business Enterprise?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Will New York State Businesses be used in the performance of this Lease? If yes, identify New York State Business(es) that will be used; (Attach identifying information).	<input type="checkbox"/>	<input type="checkbox"/>	
18. Per Workers Compensation Laws §57 and §220, a business entity applying for a state contract, license, or permit must provide proof of coverage or exemption for both Workers Compensation AND Disability Benefits.			
Please refer to page 5 "WORKERS' COMPENSATION AND DISABILITY BENEFITS AGENCY CONTRACT REQUIREMENTS" for additional information on applicable forms and links to website. Be sure to designate the New York State Office of General Services, Real Estate Planning, Corning Tower, 26th Floor, Empire State Plaza, Albany, NY 12242 as the certificate Holder or Government Entity requesting proof of coverage.			
The business entity name and FEIN (or SSN) on the lease contract, disclosure sheet, and Workers' Compensation/ Disability forms must all match exactly.			
Business Entity has:			
(a) Workers' Compensation: If Yes, attach one of the following forms: <ul style="list-style-type: none"> • Form C-105.2 -- issued by your insurance carrier • Form U-26.3 -- issued by the State Insurance Fund • Form GSI-105.2 -- must be completed by the group self-insurance administrator 	<input type="checkbox"/>	<input type="checkbox"/>	
(b) Disability Insurance Benefits: If Yes, attach one of the following forms: <ul style="list-style-type: none"> • Form DB-120.1 -- issued by your insurance carrier, or • Form DB-155 -- issued by the Board's Self-Insurance Office (518) 402-0247 	<input type="checkbox"/>	<input type="checkbox"/>	
*IF NO, exemption form CE-200 is available on the WCB website. However, please note that an exemption is available in very limited circumstances.			
19. Does the Business Entity have the financial resources necessary to fulfill the requirements of the proposed lease?	<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE/ ACKNOWLEDGEMENT PAGE

The undersigned, personally and on behalf of the Business Entity noted below, does hereby state and certify to the New York State Office of General Services that the information given above is true, accurate and complete with respect to State Finance Law §§ 139j-k.

It is further acknowledged that the State of New York and the Office of General Services will rely upon the information contained herein and in any attached pages for purposes of leasing space from the Business Entity and the State may, in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein.

It is further acknowledged that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine and/or imprisonment of up to five years under 18 USC Section 1001 and may result in lease termination.

This document shall be signed by someone who is authorized to bind the company and is listed as an officer/partner/member of the company in question 1 of this disclosure. If the document is being signed by someone who is not listed in the response to question 1, that individual must be authorized to bind the company and that authorization must be verified through the provision of a letter, on the company's letterhead (from an officer/partner/member of the company in question 1 of this disclosure), stating that this individual is authorized to sign on behalf of the company.

BY: AUTHORIZED REPRESENTATIVE FOR PROPOSED CONTRACT:

Name of Business

Signature

Address

Print or Type Name

City, State, Zip

Title

Date: _____

Telephone Number: _____

STANDARD ACKNOWLEDGEMENT

STATE OF NEW YORK)
) ss:
COUNTY OF)

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same and further that; he/she is the _____ of _____, the Business Entity described in said instrument; that, by authority of the said Business Entity, he/she is authorized to execute the foregoing instrument on behalf of the Business Entity for purposes set forth therein; and that, pursuant to that authority, he/she executed the foregoing instrument in the name of and on behalf of said Business Entity as the act and deed of said Business Entity.

Notary Public
Registration No:
State of:

OGS Use Only		
_____ AE/PM Initials	_____ Date to LPU	REV 5/2013

Revision Date: 1/7/2009

**WORKERS' COMPENSATION AND DISABILITY BENEFITS
AGENCY CONTRACT REQUIREMENTS**

Workers' compensation law (WCL) requires state entities to ensure that businesses applying for permits, licenses, or contracts have appropriate workers' compensation and disability benefits insurance coverage. This requirement applies to both original issuances and renewals, whether the governmental agency is having the work done or is simply issuing the permit, license or contract.

Businesses Requesting to Enter into, Extend, or Assign Contracts MUST provide <u>ONE of the following Workers Compensation Forms</u> AND ONE of the following Disability Benefits Forms.			
	<u>1 of the following Workers Compensation Forms:</u>	AND	<u>1 of the Following Disability Benefits Forms:</u>
<i>Note: Contractors having access to the internet will be able to fill out the CE-200 on the internet and immediately upon completion, be able to print out a hard copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. For contractors with out Inter-net see WCB: <u>Applicant Instructions for Form CE-200</u> -- Effective December 1, 2008</i>	CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation (the CE 200 will also establish if the contractor is, or is not, exempt from Disability Coverage); or		<i>Note: Contractors having access to the internet will be able to fill out the CE-200 on the internet and immediately upon completion, be able to print out a hard copy of the CE-200 that they will then submit to the government agency issuing the permit, license or contract. For contractors with out Inter-net see WCB: <u>Applicant Instructions for Form CE-200</u> -- Effective December 1, 2008</i>
<i>Certificate of NYS Workers' Compensation Insurance Coverage (All private NYS licensed workers' compensation carriers are required to issue the C-105.2. Please note that the State Insurance Fund issues a different form, the U-26.3 form, as its version of the C-105.2)</i>	C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; or		<i>The DB-120.1 must be completed by either the NYS statutory disability benefits insurance carrier, or a licensed NYS insurance agent of that carrier.</i>
<i>The SI-12 must be completed by the NYS Workers' Compensation Board's Self-Insurance Office. The GSI-105.2 must be completed by the group self-insurance administrator.</i>	SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), OR GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request). ...		<i>The DB-155 must be completed by the Board's Self-Insurance Office.</i>

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| http://www.wcb.state.ny.us/content/main/Employers/outOfStateEmp_compLaw.jsp | - Link To WCB Instructions |
| http://www.wcb.state.ny.us/content/main/forms/AllForms.jsp | - Link To WCB Forms |
| http://www.wcb.state.ny.us/content/ebiz/icempcovsearch/icempcovsearch_overview.jsp | - Link To WCB Search - "Does an Employer Have Coverage" |
| http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp | - Link To "Request for Exemption" |