

IF EXPLANATION REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY		YES	NO
<u>BUSINESS ENTITY INFORMATION:</u>			
2.	Does the Business Entity do business under any other names?	<input type="checkbox"/>	<input type="checkbox"/>
	IF YES:		
	• Please indicate those names: _____		
	• Has the Business Entity filed a certificate of doing business (d/b/a certificate) for those names? _____		
	• If so, please indicate what counties the certificates are filed in: _____		
3.	(a) Is any immediate family member of any individual listed in response to Question No. 1 employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate the relationship between the individuals. Please attach additional sheets, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
	(b) Is any individual listed in response to question No. 1 employed by any governmental entity of the State of New York or serving as a member of any State Board, Commission or Authority? If the answer is YES, please disclose the name of the governmental entity and indicate whether the individual was involved in the bidding, contracting or leasing process for this transaction. Please attach additional sheets, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
<u>BUSINESS ENTITY RESPONSIBILITY:</u> (N/A for Municipalities)			
4.	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:		
	(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:		
	- federal, state or local health laws, rules or regulations	<input type="checkbox"/>	<input type="checkbox"/>

IF EXPLANATION REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY	YES	NO
- unemployment insurance or workers' compensation coverage or claim requirements	<input type="checkbox"/>	<input type="checkbox"/>
- ERISA (Employee Retirement Income Security Act)	<input type="checkbox"/>	<input type="checkbox"/>
- federal, state or local human rights laws	<input type="checkbox"/>	<input type="checkbox"/>
- federal Immigration and Naturalization Services and Alienage laws	<input type="checkbox"/>	<input type="checkbox"/>
- Sherman Act or other federal anti-trust laws	<input type="checkbox"/>	<input type="checkbox"/>
(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 New York State Finance Law §§139-j and 139-k ?	<input type="checkbox"/>	<input type="checkbox"/>
FOR EACH "YES" ANSWER TO 4 (a)-(q), PLEASE PROVIDE DETAILS ON ADDITIONAL SHEETS REGARDING THE FINDING, INCLUDING (BUT NOT LIMITED TO) CAUSE, CURRENT STATUS, RESOLUTION, ETC.		
5. Does the Business Entity use, or has it used in the past five (5) years, any other Business Name, Federal Employee Identification Number, or d/b/a than what is listed on page one of this document? If YES, provide the name(s), Federal Employee Identification Number (s) and d/b/a(s) and the address for each such entity.	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past 3 years, has the Business Entity failed to: (a) file returns or pay any applicable federal, state or local 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.) (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"/>
7. 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 Federal Employee Identification Number. 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"/>
8. Has the Business Entity been denied, or received a decertification, revocation or forfeiture of Minority or Women-Owned Business or Disadvantaged Business Enterprise?	<input type="checkbox"/>	<input type="checkbox"/>
9. Per New York State Workers' Compensation Law §57 & §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 see the "Workers' Compensation Board Agency Contract Requirements" chart.) Supporting documentation must be obtained through the New York State Workers' Compensation Board (WCB). Additional information is available at www.wcb.ny.gov . The business entity/Federal Employee Identification Number on the OGS lease contract, disclosure and the WCB forms must all match. Business Entity (Business Entity) has:		
Workers Compensation: IF YES, Form C-105.2, SI-12, U-26.3 or GSI-105.2 is required* IF NO, then a completed exemption form CE-200 is required**	<input type="checkbox"/>	<input type="checkbox"/>
Disability Benefits: IF YES, Form DB-120.1 or DB-155 is required* IF NO, then a completed exemption form CE-200 is required**	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • *IF YES, A business's insurance carrier will send the appropriate form to the government entity upon request. Please be sure to designate NYS Office of General Services, Real Estate Planning, Corning Tower 26th Floor, Empire State Plaza, Albany, New York 12242 as the Certificate Holder or Government Entity requesting proof of coverage. • **IF NO, Exemption Form CE-200 is available at the WCB website. Please note that an exemption is available in <u>very limited circumstances</u>. 		
10. Does the Business Entity have the financial resources necessary to fulfill the requirements of the proposed Lease?	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>

SIGNATURE 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 §§ 139 j-k.

The undersigned: (1) recognizes that this document is submitted for the express purpose of assisting the New York State Office of General Services (hereinafter referred to as "OGS") and other New York State government entities (including the Office of the State Comptroller (OSC)) in making responsibility determinations regarding the award or approval of a lease or modification thereto (including, but not limited to, a renewal, modification or assignment thereof) and that OGS and other New York State government entities will rely on the information disclosed herein when making responsibility determinations; (2) acknowledges that OGS and other New York State government entities may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (3) acknowledges that intentional submission of false or misleading information may result in criminal penalties under State and/or federal law, as well as a finding of non-responsibility and all other actions available at law or in equity.

The undersigned certifies that he/she:

- is knowledgeable about the Business Entity's business and operations;
- understands that OGS and other New York State government entities will rely on the information disclosed in this Lease Disclosure Sheet when entering into a lease or modification thereto with the Business Entity;
- is under an obligation to update the information provided herein to include any material changes to the Business Entity's responses from the time of proposal submission through the delivery of a fully executed document by OGS, and may be required to update the information at the request of OGS or other New York State government entities prior to the award and/or approval of a lease or modification thereto, or during the term of the lease; and
- is authorized to bind the Business Entity and is either (1) listed as an officer/partner/member of the Business Entity listed in response to question 1 of this Lease Disclosure Sheet; or (2) is submitting a letter, with this Lease Disclosure Sheet, on the company's letterhead signed by an officer/partner/member of the Business Entity listed in response to question 1 of this Lease Disclosure Sheet, stating that the undersigned is authorized to sign on behalf of the Business Entity.

I affirm this _____ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the statements contained herein are true, and I understand that this document may be filed in an action or proceeding in a court of law.

Name of Business

Signature

Address

Print or Type Name

City, State, Zip

Title

Date:

Telephone Number:

WORKERS' COMPENSATION AND DISABILITY INSURANCE FORMS CHART

WORKERS' COMPENSATION AND DISABILITY BENEFITS AGENCY CONTRACT REQUIREMENTS			
<p><i>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.</i></p>			
Revision Date:	Businesses Requesting to Enter into, Extend, or Assign Contracts MUST provide <u>ONE</u> of the following <u>Workers Compensation Forms</u> .	AND	AND ONE of the following <u>Disability Benefits Forms</u> .
1/7/2009	<u>1</u> of the following <u>Workers Compensation Forms</u> :	AND	<u>1</u> of the Following <u>Disability Benefits Forms</u> :
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 governmental agency issuing the permit, license or contract. For contractors with out Inter-net see WCB: Applicant Instructions for Form CE-200 – Effective December 1, 2008	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	AND	CE-200, Certificate of Attestation of Exemption from Disability Benefits Coverage (the CE 200 will also establish if the contractor is, or is not, exempt from NYS Worker's Compensation Coverage) ; or
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)	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		DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); or
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.	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).		The DB-155 must be completed by the Board's Self-Insurance Office.

- http://www.wcb.state.ny.us/content/main/Employers/out/StateEmp_complaw.jsp
- <http://www.wcb.state.ny.us/content/main/forms/AIIFForms.jsp>
- http://www.wcb.state.ny.us/content/ebiz/compovsearch/compovsearch_overview.jsp
- http://www.wcb.state.ny.us/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp
- [Link To WCB Instructions](#)
- [Link To WCB Forms](#)
- [Link To WCB Search - "Does an Employer Have Coverage"](#)
- [Link To "Request for Exemption"](#)