

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
**CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION  
GROUP SELF-INSURANCE**

<p>1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only)</p> <p><b>Bill Smith Enterprises Inc dba Smith Seal Coating 679 Burden Avenue Troy NY 12180</b></p>	<p>1d. Business Telephone Number of Business referenced in box "1a"</p> <p style="text-align: center;"><b>518-235-1532</b></p> <hr/> <p>1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"</p> <p style="text-align: center;"><b>22-41868-3</b></p>
<p>1b. Effective Date of Membership in the Group</p> <p style="text-align: center;"><b>6/1/2002</b></p>	<p>1f. Federal Employer Identification Number of Business referenced in box "1a"</p> <p style="text-align: center;"><b>14-180-1614</b></p>
<p>1c. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded</p>	<p>3. Name and Address of Group Self-Insurer</p> <p><b>Associated Builders and Contractors Compensation Trust c/o Reller Risk Management (W333256) 6315 Fly Road East Syracuse, NY 13057 315-432-8210 (f) 315-432-9478</b></p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder)</p> <p><b>BILL SMITH ENTERPRISES INC DBA SMITH SEAL COATING 679 BURDEN AVE TROY NY 12180</b></p>	<p>1c. The Proprietor, Partners or Executive Officers are included (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded</p>

This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2".

The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

*If this certificate is no longer valid according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof 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 of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.**

Certified by: Charles T Reller  
(Print name of authorized representative of the Group Self-Insurer)

Certified by:  2/7/2012  
(Signature) (Date)

Title: Trust Administrator

Telephone Number: 315-432-8210

**SEE REVERSE SIDE FOR  
CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION GROUP SELF-INSURANCE**

**Name and Address of Business Participating in Group Self-Insurance**

**Bill Smith Enterprises Inc  
dba Smith Seal Coating  
679 Burden Avenue  
Troy NY 12180**

**WORKERS' COMPENSATION LAW**

**Section 57 Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

**Please Note:** This Certificate is valid only through the policy dates indicated above, OR a maximum of one year after this form is approved by the authorized representative of the group Self-Insurer. At the expiration of those dates, if the business continues to be named on a permit or contract issued by the above government entity, the business must provide that government entity with a new Certificate. The business must also provide a new Certificate upon notice of cancellation or change in status of the policy.

**Description of Operations/Locations: PROOF OF INSURANCE**

<b><u>Policy Number:</u></b>	W333256
<b><u>Policy Period:</u></b>	01/01/12 to 01/01/13
<b><u>Workers' Compensation Limit:</u></b>	Statutory
<b><u>Employers Liability Limit:</u></b>	<b>Each Accident:</b> \$1,000,000
	<b>Disease Policy Limit:</b> \$1,000,000
	<b>Disease – Each Employee:</b> \$1,000,000

**Name and Address of the Entity Requesting Proof of Coverage**  
**(Entity Being Listed as Certificate Holder)**

**BILL SMITH ENTERPRISES INC  
DBA SMITH SEAL COATING  
679 BURDEN AVE  
TROY NY 12180**