ACORD.	CERTIFICATE OF INSURANCE	DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
Your Agent/Broker	**COMPANIES AFFORDING COVERAGE**
INSURED	COMPANY **A** **Your Insurance Company**
Your Name	COMPANY **B** **Your Insurance Company**
	COMPANY **C** **Your Insurance Company**
	COMPANY **D** **Your Insurance Company**
	COMPANY **E** **Your Insurance Company**

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	**GENERAL LIABILITY** **X** COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE **X** OCCUR ☐ OWNER'S & CONT PROT **X XCU Coverage**				GENERAL AGGREGATE	
					PERSONAL & ADV INJURY	
					EACH OCCURRENCE	
					FIRE DAMAGE (Any one fire)	
					MED EXP (Any one person)	
B	**AUTOMOBILE LIABILITY** **X** ANY AUTO **X** ALL OWNED AUTOS **X** SCHEDULED AUTOS **X** HIRED AUTOS **X** NON-OWNED AUTOS **X** GARAGE LIABILITY				COMBINED SINGLE LIMIT	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
C	EXCESS LIABILITY **X** UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	
					AGGREGATE	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				**x** STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE - POLICY LIMIT	
					DISEASE - EACH EMPLOYEE	
E.	**OTHER** **(ALL RISK) BUILDER'S RISK or PROPERTY POLICY** **COVERING THE PERSONAL PROPERTY OF OTHERS**	**BR123**	**04/01/XX**	**04/01/XY**	**LIMIT OF INSURANCE** **(LIMIT MUST BE SUFFICENT TO COVER THE COST OF ALLSTORED MATERIALS)**	**$__________** **At Replacement Cost**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

DASNY is a loss payee with respects to stored materials located at (*list the location*) valued at (*list the total dollar value of all materials stored at this and at any other location*).

CERTIFICATE HOLDER	CANCELLATION
Dormitory Authority--State of New York **515 Broadway** **Albany, NY 12207-2964** **Attn: Risk Management Unit**	**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY XXXXXXXXXXXXXXXXXXXXXX MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFTXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**
	AUTHORIZED REPRESENTATIVE **Your Representative**

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