

ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR. Chair

**REUBEN R. MCDANIEL, III**Acting President & CEO

# SECTION C

**ALBANY (HEADQUARTERS):** 515 Broadway, Albany, NY 12207 | 518-257-3000

NEW YORK CITY: One Penn Plaza, 52nd Floor, New York, NY 10119 | 212-273-5000

**BUFFALO:** 539 Franklin Street, Buffalo, NY 14202 | 716-884-9780

ROCHESTER: 3495 Winton Place, Building C, Suite 1, Rochester, NY 14623 | 585-461-8400

DORMITORY AUTHORITY STATE OF NEW YORK

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# FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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:			
Your Agent or Broker		PHONE (A/C, No, Ext):	FAX (A/C, No):		
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDIN	IG COVERAGE	NAIC #	
		INSURER A: Your Insurance Compan	у		
INSURED		INSURER B: Your Insurance Compan			
		INSURER C: Your Insurance Compan			
Your Name		INSURER D: Your Insurance Compan	ıy		
		INSURER E: Your Insurance Compan			
		INSURER F: Your Insurance Compan	ıy		
COVEDACES	CERTIFICATE MUMPER.	DE	VICION NUMBER		

COVERAGES CERTIFICATE NUMBER: 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		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$	2,000,000
	COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR	.,		VV/7 400			MED EXP (Any one person)	\$	5,000
Α	X Include Independent Contractors	Υ		XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	\$	2,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
В	X ALL OWNED X SCHEDULED AUTOS			ABC-345	MM/DD/YY	MM/DD/YY	BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X							\$	
	★ UMBRELLA LIAB ★ OCCUR						EACH OCCURRENCE	\$	As Needed
С	EXCESS LIAB CLAIMS-MADE	Υ		LLL-555	MM/DD/YY	MM/DD/YY	AGGREGATE	\$	
	DED RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N						WC STATU- OTH- TORY LIMITS ER		
l D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCB-678	MM/DD/YY	MM/DD/YY	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	,,	IVIVIDE/TT IVIVIDE		10110111227 1 1	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
Е	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA			MCK-777	MM/DD/YY	MM/DD/YY	Contract Value		

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

DASNY Contract No: 2571109999

Project Name: City College - CUNY Advanced Science Research Center - Furnish, Deliver and Install Laser Curtains

Facility: ASRC

The following are Additional Insureds as respect to this project: Dormitory Authority-State of NY; State of NY; City of NY, City University of New York, ASRC & Construction Manager. Proof of 30 Days Notice of Cancellation in favor of Dormitory Authority-State of NY is required for all insurance policies.

CERTIFICATE HOLDER	CANCELLATION
Dormitory Authority- State of New York Attn: Risk Management 515 Broadway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Albany, New York 12207	AUTHORIZED REPRESENTATIVE Your Agent/Broker Representative

AGENCT COSTOMER ID.	AGENCY CUSTOMER ID:	
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AGENCY

# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

NAMED INSURED(S)

POLICY	NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE
ADDE	ENDUM INFORMATION CERTIFICATE NUMB	ER:	REV	ISION NUMBER:
A.	Insurer  Admitted / authorized  Excess line or free trade zone			
В.	General Liability (GL) policy form  ISO / ISO modified			
	Other			
C.	Specific operations excluded or restricted (GL police Location: Type of construction: Building height: Classifications [see attached declarations of the construction	endorsement]		
D.	Additional insured endorsement (GL policy)  CG 20 10 CG 20 26 CG 20 32  Other: #: Title: Oth		CG 20 37 CG 20 38	
E.	According to the terms of this GL policy, the addition		primary and noncontributory covera	ge
F.	Additional insured will receive advance notice if insured Yes No and no other op	surer cancels (GL		
G.	Blanket contractual liability located in the "insured restricted	contract" definiti	on (Section V, Number 9, Item f. in t	ne ISO CGL policy) is removed or
	Yes and no other option is available with	h this insurer	No changes made	
Н.	"Insured contract" exception to the employers liabi  Yes and no other option is available with	-	emoved or modified (GL policy)  No changes made	
I.	GL policy (including endorsements) does not cover subcontractors (not workers' compensation)  Yes and no other option is available with	the additional in		employees of the named insured or

ADD	ENDUM INFORMATION (continued)	AGEN	CY CUSTOMER ID	):					
		-:			- U A				
J.	Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)  Yes and no other option is available with this insurer No changes made								
	Tes and Indoduel option	is available with this insurer	No change	es made					
K.	Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)								
	Yes and no other option is available with this insurer No changes made								
L.	Property damage to work performed or restricted	by subcontractors (exception to	o the "damage to	your work" exclusion in the IS	O CGL policy) is excluded				
	Yes and no other option	is available with this insurer	No change	es made					
M.	Excess / umbrella policy is primary a	nd non-contributory for additio	nal insureds						
	Yes, by specific policy provision	Yes, by endorsement	No and	no other option is availa	ble with this insurer				
	A	UTHORIZED REPRESENTATIVE SIGNATU	RE		DATE (MM/DD/YYYY)				

AGENCY CUSTOMER ID:

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
DASNY, State of New York, CLIENT	Project or installation location
Any language like "as per written contract" is not acceptable - DASNY, etc. must be named	
Information required to complete this Schedule, if not sho	L

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

#### However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
  - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
  - 1. Required by the contract or agreement; or

**2.** Available under the applicable Limits of Insurance shown in the Declarations;

#### whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

HIGHLIGHTS ADDED TO THE FORM

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
DASNY, State of New York, CLIENT	Project or installation location
Any language like "as per written contract" is not acceptable - DASNY, etc. must be named	
Information required to complete this Schedule, if not sh	own above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

#### whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

HIGHLIGHTS ADDED TO THE FORM

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

### Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



ANDREW M. CUOMO Governor

ALFONSO L. CARNEY, JR.

**GERRARD P. BUSHELL, Ph.D.** President & CEO

### Memorandum

**TO:** DASNY Contractors & Consultants

FROM: Jamie Pelis- Procurement

**DATE:** August 30, 2017

**RE:** 30 Day Notice of Cancellation

Your contract with the Dormitory Authority of the State of New York (DASNY) requires that your insurance coverage provide the Authority with at least 30 days written notice prior to cancellation, non-renewal, or material change of your insurance policy.

In the event that DASNY's Procurement unit receives your insurance information on an ACORD Certificate of Liability Insurance form (ACORD 25 2016/03), your insurance agent/broker will need to provide information regarding the policy's terms and conditions, as they pertain to Notice of Cancellation, by adding a comment in the Description of Operations/Locations/Vehicles section of the Certificate, or by referencing the applicable policy section or endorsement on the Certificate and attaching that document for our review.

If the policy does not provide at least 30 days notice to the Authority as required by contract, the Authority will ask you to endorse the policy accordingly, and to provide evidence of the change via a copy of that endorsement.

### **Insurance Requirements**

### **Certificate of Liability Insurance**

Sample Accord Certificate is attached.

Please make sure the 30 Days Written Notice Clause Reads as Follows on the Certificate: EXPIRATION DATE THEREOF, THE ISSUING COMPANY MAIL <u>30</u> DAYS WRITTEN NOTICE "TO DASNY".

### **Disability Benefits**

DB-120.1 or DB-820/829 (5/06 or later) - Certificate of Disability Benefits. The insurance carrier will provide a completed form as evidence of in-force coverage.

## **Workers Comp**

- 1. DB-155- Certificate of Disability Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office will provide a completed form. C-105.2 (9/07 or later) Certificate of Workers' Compensation Insurance. The insurance carrier will provide a completed form as evidence of in-force coverage.
- 2. U-26.3- Certificate of Workers' Compensation Insurance from the State Insurance Fund. The State Insurance Fund will provide a completed form as evidence of in-force coverage.
- 3. GSI-105.2 /SI-12- Certificate of Workers' Compensation Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office or the contractor's Group Self Insurance Administrator will provide a completed form.

# Dormitory Authority – State of New York Contractor's Certifications pursuant to State Finance Law § 139-j and § 139-k

This form shall be completed and submitted with your bid. Failure to complete and submit this form may result in a determination of non-responsiveness and disqualification of the bid.

I.	Со	Contractor Affirmation relating to procedures governing permissible contacts:						
	(	Contractor Must (	Check Applicable	e Box)				
	C	Contractor: □ af	firms	□ doe	s not affirm			
		Oormitory Authori	ty's procedures i	elative	grees hereinafter to comply with the to permissible contacts for this procuremer (3) and § 139–j (6) (b).	ıt		
II.					on-Responsibility and Prior Contract e 2005 Procurement Lobbying Law:			
1.					in State Finance Law § 139-j and § 139-k ne Contractor was not responsible?			
		No			Yes			
2.	ir fa	ncomplete inform ailure to comply v ermissible conta	ation required by vith the requirem	/ State l	s) the intentional provision of false or Finance Law § 139-j and § 139-k, and/or th State Finance Law § 139-j (3) relating to	е		
		No f yes, please prov Attach additional			Yes ch finding of non-responsibility below.			
Gov	ernm	ental Entity:						
	Date	e of Finding:						
	Basis	of Finding:						
		-						
		_						
		_						
		-						
		_						

# Dormitory Authority – State of New York Contractor's Certifications pursuant to State Finance Law § 139-j and § 139-k

3.	terminated or withheld a procurement contract with the Contractor due to the intentional provision of false or incomplete information required by such Laws and/or the failure to comply with the requirements of State Finance Law § 139-k(3) relating to permissible contacts?									
		No			Yes					
	If yes	, please pr	ovide details be	low. (Atta	ch additional pa	ges, if necessary)				
Gover	nment	al Entity:					_			
Date of	Termi	ination or V	Vithholding of C	ontract:						
Basis o	f Term	nination or \	Withholding of C	Contract:			_			
							_			
							_			
							_			
may co Section impriso provide	nstitut 210.3 nment d to th	e a felony u 35 or Section of up to fiv	under Penal Lav on 210.45, and r re years under 1 y Authority with	v Section 2 nay also b 8 U.S.C. S	210.40 or a misc e punishable by Section 1001; ar	e or misleading inforn lemeanor under Pena a fine of up to \$10,00 nd states that all inforn aw § 139–j and § 139	al Law 00 or mation			
		Signatu	ıre			Date				
	Contr	ractor: _					_			
	Ad	dress: _					_			
	١	_ Name: _					_			
		Title: _					_			

### **VENDOR RESPONSIBILITY QUESTIONNAIRE**

All bidders must complete the Vendor Responsibility Questionnaire in the New York State VendRep System. Information concerning the system is contained in the paragraph that follows.

To enroll in and use the New York State VendRep System, see the Instructions available at <a href="http://www.osc.state.ny.us/vendrep/index.htm">http://www.osc.state.ny.us/vendrep/index.htm</a> or go directly to the VendRep System online at <a href="http://onlineservices.osc.state.ny.us/">http://onlineservices.osc.state.ny.us/</a>. Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID Number, or for help with the online questionnaire, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at <a href="https://onlineservicenten.ny.us">ITSServiceDESK@osc.state.ny.us</a>.

The Certification page must be submitted to DASNY with bid submittals upon notification of intent to award.