



CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

PRODUCER Local Agent	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.
COMPANIES AFFORDING COVERAGE	
INSURED Your Name	COMPANY A Your Insurance Company <hr/> COMPANY B Your Insurance Company <hr/> COMPANY C Your Insurance Company <hr/> COMPANY D Your Insurance Company <hr/> 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONT PROT <input checked="" type="checkbox"/> Include Independent Consultants	XYZ - 123	04/01/XX	04/01/XY	GENERAL AGGREGATE	\$2,000,000
					PRODUCTS-COMP/OP AGG	\$2,000,000
					PERSONAL & ADV INJURY	\$2,000,000
					EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> GARAGE LIABILITY	ABC-345	04/01/XX	04/01/XY	COMBINED SINGLE LIMIT	\$1,000,000
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	LLL-555	04/01/XX	04/01/XY	EACH OCCURRENCE	AS NEEDED
					AGGREGATE	
D	EMPLOYERS' LIABILITY	WCP-678	04/01/XX	04/01/XY	DISEASE - POLICY LIMIT	\$ 1,000,000
					DISEASE - EACH EMPLOYEE	\$ 1,000,000
E	OTHER Professional Liability/Errors & Omissions	PPL-111	04/01/XX	04/01/XY	Limit: \$2,000,000	SIR: \$ 100,000

RE: CONSTRUCTION MANAGEMENT TERM CONTRACT

Certificate holder and Appendix E, per contract are as an Additional Insured for General Liability as their interest may appear with respect to work performed by the Named Insured

<p align="center">CERTIFICATE HOLDER</p> <p align="center"> DASNY 515 Broadway Albany, NY 12207 Attn: Procurement Unit </p>	<p align="center">CANCELLATION</p> <p> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY XXXXXXXXXXXXXXXXXXXXXXXX MAIL <u> 30 </u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE </p> <p align="center"> LEFTXXX XX XXXXXXXXXXX </p> <hr/> <p align="center"> AUTHORIZED REPRESENTATIVE Your Representative </p>
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Pursuant to NYS Workers' Compensation Law DASNY can no longer except ACORD certificates as evidence of Workers' Compensation and/or NYS Disability. Provided below is a complete list of forms that are acceptable. Please call if you have any questions.

Workers' Compensation Law Requirements

Workers' Compensation (including occupational disease) and Employer's Liability New York Statutory Endorsement with a minimum limit of one million Dollars (\$1,000,000.00) as evidenced by **ONE** of the following.

1. 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.

Disability Benefits

1. 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.
2. DB-155- Certificate of Disability Self Insurance. The NYS Workers' Compensation Board's Self Insurance Office will provide a completed form.

Exemptions

DASNY will no longer accept WC/DB 101 for Out of State or Foreign Employers working in New York State. Effective September 9, 2007 this form is obsolete.

For institutions claiming exemption from providing Disability Benefits insurance as required by law:

CE-200 – Certificate of Attestation of Exemption from Workers Comp and/or Disability Benefits insurance coverage.

DASNY will no longer accept exemptions from providing Workers' Compensation insurance coverage (WC/DB 100). This insurance will be required of all businesses contracting with DASNY. One of the forms listed above as required by law must be submitted as proof of coverage.

(A CE-200 form may be obtained at the NYS Workers Compensation website <http://www.wcb.state.ny.us/content/main/forms/AllForms.jsp> and can be completed in either a "Web-based Application" or a "Paper Application".)