DD OD VIGORD			
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS		
	NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT		
Local Agent	AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
	COMPANIES AFFORDING COVERAGE		
INSURED	COMPANY		
	A	Your Insurance Company	
	COMPANY		
	В	Your Insurance Company	
Your Name	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	
	GENERAL LIABILITY			,	GENERAL AGGREGATE	\$2,000,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	□□ CLAIMS MADE X OCCUR	XYZ - 123	04/01/XX	04/01/XY	PERSONAL & ADV INJURY	\$2,000,000
A	□ OWNER'S & CONT PROT				EACH OCCURRENCE	\$2,000,000
	X Include Independent Consultants				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY					
	X ANY AUTO				COMBINED SINGLE LIMIT	\$1,000,000
	X ALL OWNED AUTOS					
В	X SCHEDULED AUTOS	ABC-345	04/01/XX	04/01/XY	BODILY INJURY (Per Person)	
	X HIRED AUTOS					
	X NON-OWNED AUTOS				BODILY INJURY (Per accident)	
	X GARAGE LIABILITY					
					PROPERTY DAMAGE	
	EXCESS LIABILITY				EACH OCCURRENCE	AS NEEDED
	X UMBRELLA FORM	LLL-555	04/01/XX	04/01/XY	AGGREGATE	
C	□ OTHER THAN UMBRELLA FORM					
D	EMPLOYERS' LIABILITY	WCP-678	04/01/XX	04/01/XY	DISEASE - POLICY LIMIT	\$ 1,000,000
					DISEASE - EACH EMPLOYEE	\$ 1,000,000
	OTHER					
E	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

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE
DASNY 515 Broadway	EXPIRATION DATE THEREOF, THE ISSUING COMPANY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Albany, NY 12207 Attn: Procurement Unit	MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO
	THE
	LEFTXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	***************************************
	XXXXXXXX
	AUTHORIZED REPRESENTATIVE
	Your Representative

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 <a href="http://www.wcb.state.ny.us/content/main/forms/AllForms.jsp">http://www.wcb.state.ny.us/content/main/forms/AllForms.jsp</a> and can be completed in either a "Web-based Application" or a "Paper Application".)