

# **SECTION C**

### FOR DEMO PURPOSES ONLY CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBRCGATION IS WAIVE         PRODUCER       Contract an policies may require an endorsement. A statement on this certificate does not conter certificate holder in lieu of such endorsement(s).         PRODUCER       Contract Market Statement on this certificate holder in lieu of such endorsement(s).         PRODUCER       Contract Market Statement on this certificate holder in lieu of such endorsement(s).         PRODUCER       Figs. Market Statement on this certificate holder in lieu of such endorsement(s).         INSURED       Insure and contificate and continue of the policy. certificate holder in lieu of such endorsement in the certificate holder in lieu of such endorsement in the certificate holder in lieu of such endorsement is certificate holder.         Your Agent or Broker       Insure in certificate company       Insure in certificate company         Your Name       Insure in certificate company       Insure in certificate company         Woure A certificate in the policy. certificate holder in an ADDITION of any continue company       Insure in certificate company       Insure insure in certificate company         Insure in certificate holder in an ADDITION of any continue company       Insure insure insure company       Insure insure company         Insure in certificate holder in an ADDITION of any continue company       Insure insure company       Insure insure company         Insure in certin the collocities contender in an addit the policy certificate ho	older. This He policies Nuthorized		
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INSURER A.: Your Insurance Company       INSURER B: Your Insurance Company       Your Name       Your Insurance Company       INSURER B: Your Insurance Company       Your Insurance Company       INSURER D: Your Insurance Company       INSURE D: Insurance Company       INSURER D: Your Insurance Company       INSURE D: Insurance Company       INSURER D: Your Insurance Company       INSURE D: Your Insurance Company       INSURED: NUME ON MAP OPOLICES LINER OF THE POLUCIES DESCRIBED HEREN INSUBOL CALMS       INSURE D: Your Insurance Company       INSURED: INSUED       INSUE OF INSURANCE <th c<="" td=""><td></td></th>	<td></td>		
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A       CLAIMS-MADE       OCCUR       Y       YZ-123       MM/DD/YY       EACH OCCURRENCE       \$       Accurrence       \$       Accurence       \$ <td></td>			
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B       AUTOS       AUTOS       AUTOS       AUTOS       AUTOS       AUTOS       AUTOS       BD00/WED       BD00/WED       BD00/WED       BD00/WED       S         K       WINDD/TY       MIN/DD/TY       MIN/DD/TY       MIN/DD/TY       BD00/WED       S         K       WINDD/TY       MIN/DD/TY       MIN/DD/TY       MIN/DD/TY       BD00/WED       S         K       WINDD/TY       MIN/DD/TY       MIN/DD/TY       MIN/DD/TY       EACH OCCURRENCE       S         K       WINDD/TY       RETENTION \$       OCCUR       Y       LLL-555       MIN/DD/TY       MIN/DD/TY       EACH OCCURRENCE       S         MORKERS COMPENSATION       AND EMPLOYERS' LIABILITY       OCH       Y/N       N/A       WCB-678       MIN/DD/TY       MIN/DD/TY       EL. EACH ACCIDENT       S         MORKERS COMPENSATION       N/A       WCB-678       MIN/DD/TY       MIN/DD/TY       EL. EACH ACCIDENT       S         MAND EMPLOYERS' LIABILITY       N/A       WCB-678       MIN/DD/TY       MIN/DD/TY       E.L. EACH ACCIDENT       S         MAND EMPLOYERS' LIABILITY       N/A       WCB-678       MIN/DD/TY       E.L. EACH ACCIDENT       S         E       Builders Risk - REQUIRED FOR:       N/A       MCK-			
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X       VIMBRELLA LIAB       X       OCCUR       \$       \$         C       EXCESS LIAB       CLAIMS-MADE       Y       LLL-555       MM/DD/YY       MM/DD/YY       EACH OCCURRENCE       \$         D       RETENTION \$       CLAIMS-MADE       Y       LLL-555       MM/DD/YY       MM/DD/YY       MM/DD/YY       EACH OCCURRENCE       \$         D       RETENTION \$       VC STATUL       Y/N       \$ <td></td>			
C     Excess Liab     Coddk     Y     LLL-555     MM/DD/YY     MM/DD/YY     Aggregate     s       Deb     RETENTION \$     ************************************			
DED       RETENTION \$       \$         MORKERS COMPENSATION AND EMPLOYERS' LIABILITY D       Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       N / A       WCB-678       MM/DD/YY       MM/DD/YY       E.L. EACH ACCIDENT       \$         E       Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA       MCK-777       MM/DD/YY       MM/DD/YY       Contract Value	As Needed		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       N / A       WCB-678       MM/DD/YY       MM/DD/YY       E.L. EACH ACCIDENT \$         E       Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA       MCK-777       MM/DD/YY       MM/DD/YY       Contract Value			
AND PROPRIETOR/PARTNER/EXECUTIVE       Y/N         D       AND PROPRIETOR/PARTNER/EXECUTIVE       N / A         WCB-678       MM/DD/YY         MM/DD/YY       E.L. EACH ACCIDENT         If yes, describe under DESCRIPTION OF OPERATIONS below       N / A         E       Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA       MCK-777         MM/DD/YY       MM/DD/YY         MM/DD/YY       MM/DD/YY			
D       ANY PROPRIETOR/PARTNER/EXECUTIVE       I// N       N / A       WCB-678       MM/DD/YY       MM/DD/YY       E.L. EACH ACCIDENT       \$         CMANdatory in NH)       If yes, describe under       DESCRIPTION OF OPERATIONS below       N / A       WCB-678       MM/DD/YY       E.L. DISEASE - EA EMPLOYEE       \$         E       Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA       MCK-777       MM/DD/YY       MM/DD/YY       Contract Value			
Mandatory in NH)       If yes, describe under       E.L. DISEASE - EA EMPLOYEE \$         If yes, describe under       E.L. DISEASE - POLICY LIMIT \$         Builders Risk - REQUIRED FOR:       MCK-777         OMH, OPWDD, OASAS, NYCHA       MCK-777			
E Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA MCK-777 MM/DD/YY MM/DD/YY Contract Value	1,000,000		
E OMH, OPWDD, OASAS, NYCHA MCK-777 MM/DD/YY MM/DD/YY	1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Project No. 2754009999 Project Name: Brooklyn College PAC - Furnish and Deliver Compact Boom Lift The following are Additional Insureds as respect to this project: Dormitory Authority-State of NY; the State of NY; the City of New York, City Unive York, Brooklyn PAC. Proof of 30 Days Notice of Cancellation in favor of the Dormitory Authority - State of NY is required for all insurance policies			
CERTIFICATE HOLDER CANCELLATION			
Dormitory Authority- State of New York       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCE         Attn: Risk Management       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DACCORDANCE WITH THE POLICY PROVISIONS.         515 Broadway       THE CANCE WITH THE POLICY PROVISIONS.			
Albany, New York 12207			
Your Agent/Broker Representative			
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ANDREW M. CUOMO Governor ALFONSO L. CARNEY, JR. Chair **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.

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	

- 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:

- 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 additional exclusions apply:

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

- 1. 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:

- 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
- **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



COMMERCIAL GENERAL LIABILITY CG 20 01 04 13

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.



Contractor name

New York State Department of Taxation and Finance

# ST-220-

**Contractor Certification** (Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

#### For information, consult Publication 223, Questions and Answers Concerning Tax Law Section 5-a (see Need help? below).

Contractor's principal place of business		City	State	ZIP code	
Contractor's mailing address (if different that	an above)				
Contractor's federal employer identification number (EIN)		Contractor's sales tax ID number (if different from contractor's EIN) Contractor's EIN)		Contractor's telephone number	
Covered agency or state agency	Contract numbe			Estimated contract value over the full term of contract (but not including renewals) \$	
Covered agency address			Covered	agency telephone number	

#### **General information**

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, Questions and Answers Concerning Tax Law Section 5-a. (as amended. effective April 26, 2006), available at www.nystax.gov. Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

NYS TAX DEPARTMENT DATA ENTRY SECTION **W A HARRIMAN CAMPUS ALBANY NY 12227** 

#### **Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

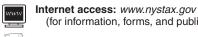
This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning guarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227.

#### Need help?



(for information, forms, and publications) Fax-on-demand forms:

1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications:	1 800 462-8100
Sales Tax Information Center:	1 800 698-2909
From areas outside the U.S. and outside Canada:	(518) 485-6800
Hearing and speech impaired (telecommunications	
device for the deaf (TDD) callers only):	1 800 634-2110

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

I, \_\_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_\_

(title)

of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

#### Complete Sections 1, 2, and 3 below. Make only one entry in each section.

#### Section 1 — Contractor registration status

The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.

The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

#### Section 2 — Affiliate registration status

The contractor does not have any affiliates.

□ To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

#### Section 3 — Subcontractor registration status

The contractor does not have any subcontractors.

□ To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.

To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this \_\_\_\_ day of \_\_\_\_\_\_ , 20 \_\_\_\_\_

# Schedule A — Listing of each entity (contractor, affiliate, or subcontractor) exceeding \$300,000 cumulative sales threshold

List the contractor, or affiliate, or subcontractor in Schedule A only if such entity exceeded the \$300,000 cumulative sales threshold during the specified sales tax quarters. See directions below. For more information, see Publication 223.

A Relationship to Contractor	B Name	C Address	D Federal ID Number	E Sales Tax ID Number	F Registration in progress

Column A – Enter C in column A if the contractor; A if an affiliate of the contractor; or S if a subcontractor.

- Column B Name If the entity is a corporation or limited liability company, enter the exact legal name as registered with the NY Department of State, if applicable. If the entity is a partnership or sole proprietor, enter the name of the partnership and each partner's given name, or the given name(s) of the owner(s), as applicable. If the entity has a different DBA (doing business as) name, enter that name as well.
- Column C Address Enter the street address of the entity's principal place of business. Do not enter a PO box.
- Column D ID number Enter the federal employer identification number (EIN) assigned to the entity. If the entity is an individual, enter the social security number of that person.
- Column E Sales tax ID number Enter only if different from federal EIN in column D.
- Column F If applicable, enter an X if the entity has submitted Form DTF-17 to the Tax Department but has not received its certificate of authority as of the date of this certification.

Individual, Corporation, Partnership, or LLC Acknowledgment
STATE OF } : SS.:
COUNTY OF }
On the day of in the year 20, before me personally appeared,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
County of,
State of; and further that:
[Mark an $m{X}$ in the appropriate box and complete the accompanying statement.]
$\Box$ (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
If a corporation): _he is the
of, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
□ (If a partnership): _he is a
of, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of
Notary Public

Registration No. \_\_\_\_\_

#### 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 <u>http://www.osc.state.ny.us/vendrep/index.htm</u> or go directly to the VendRep System online at <u>https://portal.osc.state.ny.us</u>. 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 <u>ITSServiceDESK@osc.state.ny.us</u>.

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