

### 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)

PRC	DDUCER	100		CONTACT				
Your Agent or Broker				NAME: PHONE FAX				
	arrigant ar arana.			(A/C, No); E-MAIL				
				ADDRESS:	CUREDICY ACCOU	PDINC COVERACE		NAIO II
				INSURER(S) AFFORDING COVERAGE INSURER A: YOUR INSURER OF THE PROPERTY OF THE P				NAIC #
INSI	JRED			INSURER B: Your Insurance Company				
				INSURER C: Your Insurance Company				
	Your Name			INSURER D: Your Insurance Company				
	Tour Humo			INSURER E : Your Insurance Company				
				INSURER F: Your Insurance Company				
00	VERAGES CER	TIEICA	TE NUMBED.					
_	HIS IS TO CERTIFY THAT THE POLICIES		TE NUMBER:	VE REEN ISSUED TO		REVISION NUMBER:	IE POI	ICY PERIOD
C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRE! PERTAI	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	OR OTHER DESCRIBE	OOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	T TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	2,000,000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	s	5,000
Α	X Include Independent Contractors	Y	XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY	s	2,000,000
						GENERAL AGGREGATE	s	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	s	2,000,000
	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY				MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	s	\$1,000,000
	X ANY AUTO			MM/DD/YY		BODILY INJURY (Per person)	\$	
В	X ALL OWNED X SCHEDULED AUTOS		ABC-345			BODILY INJURY (Per accident)	\$	
	✓ NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	77
	AUTOS AUTOS					(Per accident)	\$	
	X UMBRELLA LIAB X OCCUR	Y		MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	s	As Needed
С	EXCESS LIAB CLAIMS-MADE		LLL-555			AGGREGATE	s	
	DED RETENTION\$					ACCINECATE	s	
т	WORKERS COMPENSATION			MM/DD/YY	MM/DD/YY	WC STATU- OTH-	,	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
D	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WCB-678			E.L. DISEASE - EA EMPLOYEE	-	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		1,000,000
							Ş	.,500,000
Е	Builders Risk - REQUIRED FOR: OMH, OPWDD, OASAS, NYCHA		MCK-777	MM/DD/YY	MM/DD/YY	Contract Value		
SOL The Ne	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL SNY Contract No: 3677009999 Project urce furniture Facility: The university are following are Additional Insureds as rew York; SUNY AlbanyiThe state university of of 30 Days Notice of Cancellation in forms.	Name: at Alban spect to sity cons	ALBSU-colonial Hall - Furr y, 1400 Washington Avenue this project: the Dormitory A struction fund and the Cons	nish, Deliver including , Albany, NY 12222 authority-State of New struction Manager.	y inside delivery York; The St	ate University of New Yor		ALT COLORS
CE	RTIFICATE HOLDER			CANCELLATION				
Dormitory Authority- State of New York Attn: Purchasing 515 Broadway Albany, New York 12207				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				AUTHORIZED REPRESENTATIVE Your Agent/Broker Representative				

#### 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	wn 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", "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 shown 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.