



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 Your Agent or Broker | CONTACT NAME: PHONE (A/C No. Ext): _____ FAX (A/C No): _____ E-MAIL ADDRESS: _____ | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------|--|--------|-------------|------------------------|--|-------------|------------------------|--|-------------|------------------------|--|-------------|------------------------|--|-------------|------------------------|--|-------------|------------------------|--|
| INSURED Your Name | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">INSURER A :</td> <td style="width: 30%;">Your Insurance Company</td> <td style="width: 20%;"></td> </tr> <tr> <td>INSURER B :</td> <td>Your Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td>Your Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td>Your Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td>Your Insurance Company</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td>Your Insurance Company</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A : | Your Insurance Company | | INSURER B : | Your Insurance Company | | INSURER C : | Your Insurance Company | | INSURER D : | Your Insurance Company | | INSURER E : | Your Insurance Company | | INSURER F : | Your Insurance Company | |
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| INSURER D : | Your Insurance Company | | | | | | | | | | | | | | | | | | | | | |
| INSURER E : | Your Insurance Company | | | | | | | | | | | | | | | | | | | | | |
| INSURER F : | Your Insurance Company | | | | | | | | | | | | | | | | | | | | | |

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 | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---------------------------------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Include Independent Contractors GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | | XYZ-123 | MM/DD/YY | MM/DD/YY | EACH OCCURRENCE \$ 2,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 | | | | | | |
| | MED EXP (Any one person) \$ 5,000 | | | | | | |
| | PERSONAL & ADV INJURY \$ 2,000,000 | | | | | | |
| | | | | | | | GENERAL AGGREGATE \$ 4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | ABC-345 | MM/DD/YY | MM/DD/YY | COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 |
| | BODILY INJURY (Per person) \$ | | | | | | |
| | BODILY INJURY (Per accident) \$ | | | | | | |
| | PROPERTY DAMAGE (Per accident) \$ | | | | | | |
| | | | | | | | \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ | Y | | LLL-555 | MM/DD/YY | MM/DD/YY | EACH OCCURRENCE \$ As Needed |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | |
| | AGGREGATE \$ | | | | | | |
| | | | | | | | \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> | N/A | WCB-678 | MM/DD/YY | MM/DD/YY | WC STATUTORY LIMITS OTH-ER |
| | E.L. EACH ACCIDENT \$ | | | | | | |
| | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 | | | | | | |
| | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 | | | | | | |
| E | 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: 3631109999
 Project Name: CUNY Central Office - Provide Cisco Product and Services
 The following are Additional Insureds as respect to this project: Dormitory Authority-State of New York; the State of NY; the City of New York, City University of New York, City University Construction Fund; and CUNY Central Office.
 Proof of 30 Days Notice of Cancellation in favor of the Dormitory Authority of the State of New York is required for all insurance policies.

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| CERTIFICATE HOLDER Dormitory Authority- State of New York Attn: Risk Management 515 Broadway Albany, New York 12207 | CANCELLATION 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 |
|--|---|