

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).

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PRODUCER		CONTACT NAME:		
Your Agent or Broker		PHONE (A/C, No. Ext):	FAX (A/C, No):	
		E-MAIL ADDRESS:	103 - 51 - 101	
		INSURER(S) AFFORDING	COVERAGE	NAIC#
		INSURER A: Your Insurance Company		
INSURED		INSURER B: Your Insurance Company		
		INSURER C: Your Insurance Company		
Your Name		INSURER D: Your Insurance Company		
		INSURER E: Your Insurance Company		
		INSURER F: Your Insurance Company		
COVEDACES	OFDITION TO MUMBED.	DEV	ICION NUMBER	

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1
A	GENERAL LIABILITY			(MINI) BETTTE TO		EACH OCCURRENCE \$ 2,000,0		
	CLAIMS-MADE X OCCUR					æ	PREMISES (Ea occurrence) \$ 50,0	000
	X Include Independent Contractors	Υ		XYZ-123	MM/DD/YY	MM/DD/YY	PERSONAL & ADV INJURY \$ 2,000,0	000
							GENERAL AGGREGATE \$ 4,000,0	100
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,0	100
	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY			ABC-345	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$1,000,0	00
В	X ANY AUTO						BODILY INJURY (Per person) \$	
	X ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
	X						\$	
С	X UMBRELLA LIAB X OCCUR			LLL-555	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ As Need	led
	EXCESS LIAB CLAIMS-MADE	Υ					AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WCB-678	MM/DD/YY	MM/DD/YY	WC STATU- OTH- TORY LIMITS ER	
$ _{D} $	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT \$	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,0	000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,0	100
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, Additiona) Remarks Schedule, if more space is required)

DASNY Contract No: 3783309999

Project Name: Furnish, Deliver and Install Auto and Video Equipment

Project location: Guttman Community College

The following are Additional Insureds as respect to this project: Dormitory Authority-State of New York; the State of NY; The City of NY, CUNY, Guttman Community College, CUNY Construction Fund and the Construction Manager.

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.

CERTIFICATE HOLDER	CANCELLATION				
Dormitory Authority- State of New York Attn: Risk Management 515 Broadway	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				
Albany, New York 12207	Your Agent/Broker Representative				