Insurance Requirements

Certificate of Liability Insurance

- Sample ACORD Certificate is attached
    - Auto Liability – You are only required to provide one of the auto coverage types. Please evidence the current Auto Liability coverage you carry
- Please make sure the 30 Days Written Notice Clause reads as follows on the Certificate: EXPIRATION DATE THEREOF, THE ISSUING COMPANY MAIL 30 DAYS WRITTEN NOTICE "TO DASNY."

Additional Insured Endorsement Forms

- CG 2010 (or equivalent) – Additional Insured Endorsement
    - Name of Additional Insured Person(s) or Organization(s): DASNY and all others as per written contract
    - Location(s) of Covered Operations: All locations as per written contract
- CG 2037 (or equivalent) – Completed Operations – Additional Insured Endorsement
    - Name of Additional Insured Person(s) or Organization(s): DASNY and all others as per written contract
    - Location(s) and Descriptions of Completed Operations: All locations as per written contract

Disability Benefits

- Certificate Holder: Dormitory Authority of the State of New York, 515 Broadway, Albany, NY 12207
- ACORD forms are NOT acceptable proof of NYS Disability coverage. One of the following acceptable forms must be provided:
    - DB-120.1 (September '15, or most current version) – Certificate of Insurance Coverage under the NYS Disability Benefits Law
    - DB-155 (9/16) – Compliance with Disability Benefits Law. The NYS Workers' Compensation Board's Self Insurance Office shall provide a completed form
    - CE-200 Certificate of Attestation of Exemption - The Certificate may be obtained from the NYS Workers Compensation Board's website at http://www.wcb.state.ny.us. The CE 200 cannot be used for multiple projects; therefore, a new form shall have to be completed prior to award of any subsequent contract.

Workers Compensation

- Certificate Holder: Dormitory Authority of the State of New York, 515 Broadway, Albany, NY 12207
- ACORD forms are NOT acceptable proof of Workers Compensation coverage. One of the following acceptable forms must be provided:
    - C-105.2 (September '15, or most current version) - Certificate of NYS Workers' Compensation Insurance Coverage. The insurance carrier shall provide a completed form as evidence of in force coverage. U-26.3 – (or any replacement) NYS Insurance Fund Certificate of Workers' Compensation Coverage. The NYS Insurance Fund shall provide a completed form as evidence of in-force coverage.
    - GSI-105.2 (2/02 or most current version) - Certificate of Participation in Workers' Compensation Group Board-approved self-insurance. The NYS Workers' Compensation Board's Self Insurance Office or the Contractor's Group Self Insurance Administrator shall provide a completed form.
    - SI-12 (5/09 or most current version) Affidavit Certifying That Compensation Has Been Secured. The NYS Workers' Compensation Board's Self Insurance Office or the Contractor's Self Insurance Administrator shall provide a completed form.

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.