



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 style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A : Your Insurance Company</td><td></td></tr> <tr><td>INSURER B : Your Insurance Company</td><td></td></tr> <tr><td>INSURER C : Your Insurance Company</td><td></td></tr> <tr><td>INSURER D : Your Insurance Company</td><td></td></tr> <tr><td>INSURER E : Your Insurance Company</td><td></td></tr> <tr><td>INSURER F : 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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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			XYZ-123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ 5,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	<input checked="" type="checkbox"/> Include Independent Contractors	Y	Y				PERSONAL & ADV INJURY \$ 5,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000			
B	AUTOMOBILE LIABILITY			ABC-345	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS	Y				Y	BODILY INJURY (Per accident) \$		
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$		
							\$			
C	<input checked="" type="checkbox"/> UMBRELLA LIAB			LLL-555	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$ As Needed			
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR						AGGREGATE \$		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$			
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCB-678	MM/DD/YY	MM/DD/YY	<input type="checkbox"/> Y / <input type="checkbox"/> N			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				Y	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
										E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Builders Risk Professional Liability/ E&O			MCK-777	MM/DD/YY	MM/DD/YY	Construction Value \$2,000,000 EACH OCCURRENCE			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL COVERAGES: Contractor's Protective Professional Indemnity - \$2,000,000 each occurrence
 DASNY Contract No: _____ Project Description & Facility: 373190 - OPWDD - Valley Ridge Norwich CIT CM Build - New Addition
 The following are Additional Insureds on a Primary & Non-Contributory basis, Waiver of Subrogation applies, as respect to this project: Office for People with Developmental Disabilities (OPWDD)- 44 Holland Avenue, 5th Floor, Albany, NY 12208; State of New York- One Commerce Plaza, 99 Washington Ave, Albany, NY 12231-0001; Dormitory Authority of the State of New York - 515 Broadway, Albany, NY 12207
 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 515 Broadway Albany, New York 12207	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <hr/> AUTHORIZED REPRESENTATIVE Your Agent/Broker Representative
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