

CERTIFICATE OF INSURANCE
 New York State Department of Transportation
 Office of Contract Management
 50 Wolf Road, 1st Floor
 Albany, New York 12232

Send Both Certificates to
 Office of Contract Management

Name & Address of Insured Contractor: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Additional Insured: (under items b, c, d & h) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Description of Work:

<div style="border: 1px solid black; width: 100%;"></div>	Contract #: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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The subscribing insurance company, authorized to do business in the State of New York, certifies that insurance of the kinds and types and for limits of liability herein stated, covering the work described in the underlying contract herein identified, has been procured by and furnished on behalf of the insured and is in full force and effect for the period listed below.

Kind of Insurance	Policy Number Insurer	Effective Date	Expiration Date	Limits of Liability (in thousands)	
				Per Occurrence	Aggregate
(a) Workers' Compensation and Disability. Attach C-105.2 (workers' comp.), and DB-120.1 (disability)	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Statutory	Statutory
(b) Commercial General Liability.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Additional Insured Endorsement (identify ISO form or attach copy of endorsement).	Endorsement: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Completed Operations (If provided under endorsement, identify ISO form or attach copy).	Endorsement: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Insured-administered deductible or Self-Insured Retention (SIR)* (state amount of SIR)				Deductible/SIR	Deductible/SIR
(c) Commercial Auto Liability Insurance.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Insured-administered deductible or SIR* (state amount of SIR)				Deductible/SIR	Deductible/SIR
(d) Umbrella or Excess Liability Insurance.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
(e) Special Protective and Highway Liability.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
(f) Railroad Protective Liability Insurance.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
(g) Professional Liability	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Insured-administered deductible or SIR* (state amount of SIR)				Deductible/SIR	Deductible/SIR
(h) Builders' Risks	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Insured-administered deductible or SIR* (state amount of SIR)				Deductible/SIR	Deductible/SIR
(i) Other (describe)	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

* NYSDOT requires disclosure of deductibles and retention levels that are not pursuant to policy provisions, not bonded or otherwise collateralized.

This is to certify that _____ (hereinafter called Company) of _____ has issued to _____ of _____ a policy or policies of insurance effective from the dates listed on the front of this certificate at 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein to provide liability insurance covering the obligations imposed upon such contractor by the provisions of the laws of the State of New York, regulations promulgated therewith and the terms and provisions of Contract D _____.

Such insurance as is herein certified (1) applies to all operations of said insured in connection with the work required by the provisions of the documents forming the contract, (2) applies on the effective date stated above, whether or not the contract documents between the insured contractor and the New York State Department of Transportation have been executed, and (3) is written in accordance with the company's regular policies and endorsements, subject to the company's applicable manuals or rules and rates, in effect, and the insurance provisions of the contract.

This Certificate is furnished in accordance with the specifications of the New York State Department of Transportation applicable to NYSDOT's contract with the Named Insured and covering the operations therein described.

These certificates described herein may not be cancelled without cancellation of a policy to which it is attached. Such cancellation may be issued by the company or the insured giving thirty (30) days' notice in writing is actually received in the Main Office of New York State DOT, Director of Contract Management & Audit, 50 Wolf Road, 1st Floor, Albany, New York 12232. No policy referred to herein shall be changed, cancelled or coverage terminated for any reason including expiration of the policy or nonpayment of premiums until thirty (30) days written notice has been received by the Director. Such notice shall be mailed via certified mail or registered mail.

Policy coverage MUST agree with coverage stated on this Certificate. False statements of coverage are punishable under Section 2110 of the New York State Insurance Law.

Notarization

Sworn before me this _____ day of _____, 20__.

Notary Public (attach stamp)

By: _____
 (Signature of Authorized Representative)
 RUBBER STAMP NOT ACCEPTABLE

Dated: _____

Agency Name and Address:

Dated: _____

Telephone Number: _____

C218 (12/29/09)

REVERSE