



Client#: 21816

NYCEDC

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/25/2019

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).

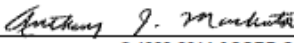
<b>PRODUCER</b> Cool Insuring Agency Inc 784 Troy Schenectady Road Latham, NY 12110 518 783-2665		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 518 783-2665      FAX (A/C, No): 5187838754 E-MAIL: ADDRESS:	
<b>INSURED</b> <span style="border: 1px solid red; padding: 2px;">1</span> ABC Company 123 Main Street New York, NY 10001		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
		INSURER A : Starr Indemnity & Liability Company      38318	
		INSURER B : Lexington Insurance Company      19437	
		INSURER C : National Fire and Marine Insurance Co      20079	
		INSURER D : Hartford Fire Insurance Company      19682	
		INSURER E : Great American Assurance Co      26344	
		INSURER F : Aspen American Ins Co      43460	

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.

2a	NBR LTR	3	TYPE OF INSURANCE	5	ADDL SUBR NBR	WVCD	POLICY NUMBER	6	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		7
											8	9	
A	X		COMMERCIAL GENERAL LIABILITY				1000305218191		07/01/2019	07/01/2020	EACH OCCURRENCE	\$1,000,000	
			CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
			Contractual Liability								MED EXP (Any one person)	\$N/A	
			GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY	\$1,000,000	
			POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:								GENERAL AGGREGATE	\$2,000,000	
											PRODUCTS - COM/PROP AGG	\$2,000,000	10
D	X		AUTOMOBILE LIABILITY				01UENAS4764		07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
			ANY AUTO		X	X					BODILY INJURY (Per person)	\$	
			ALL OWNED AUTOS								BODILY INJURY (Per accident)	\$	
			HIRED AUTOS								PROPERTY DAMAGE (Per accident)	\$	
			SCHEDULED AUTOS									\$	
			NON-OWNED AUTOS									\$	
B	X		UMBRELLA LIAB				023627243		07/01/2019	07/01/2020	EACH OCCURRENCE	\$10,000,000	11
			EXCESS LIAB		X	X					AGGREGATE	\$10,000,000	12
			OCCUR CLAIMS-MADE									\$	
C			DED								RETENTION \$		
D	X		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				01WEAB4ORO		07/01/2019	07/01/2020	PER STATUTE		
			ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X					OTH-ER		
											E.L. EACH ACCIDENT	\$1,000,000	
											E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
											E.L. DISEASE - POLICY LIMIT	\$1,000,000	
E			Professional Liability				EXC 2276727		07/01/2019	07/01/2020		2,000,000	
F			Pollution Liability		X	X	CX004FM19		07/01/2019	07/01/2020		2,000,000	
G			Media / Cyber Liability				522-805813-2		07/01/2019	07/01/2020		2,000,000	

13 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City of New York and the New York City Economic Development Corporation and 14 insert any other additional insureds as required in the contract their employees and officers are additional insureds on a primary and non-contributory basis on the Commercial General Liability, Auto Liability and Umbrella Liability include Pollution Liability if applicable policies. All policies other than Professional Liability include a waiver of subrogation in favor of The City of New York and the New York City Economic Development Corporation. GL coverage shall be equivalent to or broader than ISO CG 01 with no modifications to the contractual or employers' liability coverage and with no exclusions for claims related in any way to NY Labor Laws.

<b>CERTIFICATE HOLDER</b> <span style="border: 1px solid red; padding: 2px;">15</span> New York City Economic Development Corporation One Liberty Plaza New York, NY 10006		<b>CANCELLATION</b> 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 
---	--	--



### Certificate of Insurance Legend

1. Insured – Entity in which EDC is entering into an agreement with. This name should match the entity's name in the contract.
2. List of insurers issuing the policies referenced in the COI. EDC's minimum AM Best rating is A-: VII.
  - a. The letter in the 'INSR LTR' column corresponds to the insurer issuing the policy mentioned under 'Type of Insurance' column.
3. The heading of each box in this column identifies the specific policy
4. Specific to the General Liability policy, the contract will dictate if the aggregate limits should apply on either a per project or per location basis. Please ensure that the appropriate box has an 'X' indicated.
5. An 'X' in the 'ADDL INSR' and 'SUBR WVD' columns identify when the policy provides additional insured and waiver of subrogation coverage grants. Applicable to general, auto, umbrella/excess, pollution and employers' liability (waiver of subrogation only).
6. Ensure each policy period (shown by the 'POLICY EFF' and 'POLICY EXP' columns) is current, as it indicates that the policy is currently valid. Updated COIs will need to be obtained annually (depending on the length of the policy period).
7. The limits referenced in this column should meet or exceed the insurance requirements in the contract.
8. Per occurrence limits identifies the amount of money arising out of each occurrence, which could be a claim, loss or lawsuit, regardless of the number of people involved.
9. Aggregates identify the most the policy will pay out in claims, losses or lawsuits, regardless of the number of occurrences.
10. Same as aggregate, but specifically for products and completed operations.
11. Specific to the umbrella/excess policy, the occurrence limit typically covers multiple underlying primary policies (most common are general, auto and employers' liability) to act as an umbrella and the limits of the umbrella and excess policies sit on top of the primary policies to offer additional. Therefore, you would simply add the limit to the limit of the underlying policy to determine if the required limit has been achieved.
12. Same as above
13. The description of operations area spells out certain requirements of the contract like the additional insureds, waiver of subrogation, primary and non-contributory, notice of cancellation, contract number or project name and various other provisions.
14. The specific list of additional insureds should be included in the contract, so please use that language.
15. All newly issued COIs should ensure that the new headquarters is stated here



**Overall checklist of insurance submission reviews (additional info may be requested)**

**Certificate of Insurance**

- All policy periods are currently valid
- All required coverages are evidenced per the contract
- All limits meet or exceed the requirements in the contract
- General liability aggregate applies on a per project or per location basis
- NYS workers' compensation documentation (for licenses and permits only. No separate employers' liability evidence is necessary if this documentation is compliant)
- Insured name matches the entity entering into the contract
- Certificate holder states NYCEDC, Attn: Contracts Dept., One Liberty Plaza, New York, NY 10006
- All insurers are licensed to do business in the State of NY
- Insurers have AM Best ratings of at least A-: VII
- Description of Operations box has all required language (see COI template)
- Form 855 (for construction projects)

**Endorsements or policy form excerpts with compliant language – based on if we have direct contractual relationship or not**

- Additional insured
- Primary & non-contributory (language may be embedded in the additional insured endorsement)
- Waiver of subrogation