

- Capital Contract
- Operating Contract
- All Other Agreements



Metropolitan Transportation Authority

CERTIFICATE OF INSURANCE (For Joint Agency Agreements)

AGREEMENT or CONTRACT #:	AGREEMENT or CONTRACT NAME/DESCRIPTION:		
Producer:	CERTIFICATE ISSUANCE DATE:	DATE RECEIVED:	REFERENCE #:
ADDRESS:			
PHONE #:			
INSURED:	CO LTR	COMPANIES AFFORDING COVERAGE	
ADDRESS:	A		NAIC #
PHONE #:	B		NAIC #
CERTIFICATE HOLDER: Metropolitan Transportation Authority Attention: Risk & Insurance Management ADDRESS: 2 Broadway, 21 st Floor New York, NY 10004 PHONE #: (646) 252-1428	C		NAIC #
	D		NAIC #
	E		NAIC #
	F		NAIC #
	G		NAIC #

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> SIR/Deductible \$ _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc <input type="checkbox"/> Other: SIR/Deductible \$ _____				EACH OCCURRENCE	\$
					DAMAGES TO RENTED PREMISES (Ea occurrence)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> Non-Owned Autos Only				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> Occurrence <input type="checkbox"/> Excess Liab <input type="checkbox"/> Claims Made <input type="checkbox"/> DED <input type="checkbox"/> Retention \$ _____				EACH OCCURRENCE	\$
					AGGREGATE	\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/> USLH <input type="checkbox"/> Jones Act <input type="checkbox"/> "Other States" Coverage				<input type="checkbox"/> STATUTORY LIMITS	
					EMPLOYER'S LIABILITY	\$
	GARAGE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> Non-Owned Autos Only				AUTO ONLY EACH ACCIDENT	\$
					OTHER THAN AUTO ONLY	EA ACC
						AGG
	PROFESSIONAL LIABILITY <input type="checkbox"/> Includes incidental Pollution Liability <input type="checkbox"/> Deductible \$ _____					\$
	OTHER: _____					\$
	OTHER: _____					\$
	OTHER: _____					\$

EVIDENCE OF RAILROAD PROTECTIVE LIABILITY AND/OR BUILDER'S RISK INSURANCE, WHEN APPLICABLE, REQUIRES SUBMISSION OF THE ORIGINAL POLICY.

THE ORIGINAL BINDER(S) WILL BE ACCEPTED, PENDING ISSUANCE OF THE ORIGINAL POLICY (S).

11/27/2017

LIABILITY COVERAGES:

ADDITIONAL INSUREDS Check all that apply

Coverage: General Liability, Garage Liability, Excess/Umbrella Liability

- Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each indemnified Party listed herein.
Metro-North Commuter Railroad Company (MNR)
New York City Transit Authority (NYCT)
Triborough Bridge & Tunnel Authority (TBTA)
Long Island Rail Road (LIRR)
MTA Bus Company (MTA Bus)

Additional Indemnitees Required for work at 2 Broadway:

- United States Trust Company of New York as Trustee under the 2 Broadway Ground Lease Trust
Two Broadway LLC
ZAR Realty
CBRE, INC. (or current property manager under contract at the time of Certificate Insurance)
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.
Other: _____

PROPERTY COVERAGES:

Check all that apply

- ADDITIONAL NAMED INSUREDS/LOSS PAYEE
Property, Builder's Risk, etc.
Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each indemnified Party listed herein.
Metro-North Commuter Railroad Company (MNR)
New York City Transit Authority (NYCT)
Triborough Bridge & Tunnel Authority (TBTA)
Long Island Rail Road (LIRR)
MTA Bus Company (MTA Bus)

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Two Broadway LLC
ZAR Realty
CBRE, INC. (or current property manager under contract at the time of Certificate Insurance)
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.
Other: _____

CERTIFICATION BY INSURANCE BROKER OR AGENT

The undersigned insurance broker or agent represents that the Certificate of Insurance is accurate in all material respects.

[Name of broker or agent (typewritten)]

[Address of broker or agent (typewritten)]

[Email address of broker or agent (typewritten)]

[Phone number/Fax number of broker or agent (typewritten)]

[Signature of authorized official, broker or agent]

[Name and title of authorized official, broker, or agent (typewritten)]

State of.....)
) s.s.:
County of.....)

Sworn to before me this ____ day of _____ 20__

NOTARY PUBLIC FOR THE STATE OF _____