

- Capital Contract
- Operating Contract
- Entry Permits



# Long Island Rail Road

## CERTIFICATE OF INSURANCE

<b>AGREEMENT or CONTRACT #:</b>	<b>AGREEMENT or CONTRACT NAME/DESCRIPTION:</b>		
<b>INSURANCE PRODUCER:</b>	<b>CERTIFICATE ISSUANCE DATE:</b>	<b>DATE RECEIVED:</b>	<b>REFERENCE #:</b>
<b>ADDRESS:</b>			
<b>PHONE #:</b>			
<b>INSURED:</b>	<b>CO LTR</b>	<b>COMPANIES AFFORDING COVERAGE</b>	
<b>ADDRESS:</b>	A		<b>NAIC #</b>
<b>PHONE #:</b>	B		<b>NAIC #</b>
	C		<b>NAIC #</b>
	D		<b>NAIC #</b>
<b>CERTIFICATE HOLDER:</b> Long Island Railroad/MTA Attention: Risk & Insurance Management	E		<b>NAIC #</b>
<b>ADDRESS:</b> 2 Broadway, 21 <sup>st</sup> Floor New York, NY 10004	F		<b>NAIC #</b>
<b>PHONE #:</b> (646) 252-1428	G		<b>NAIC #</b>

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

**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).**

*Revised 11/27/2017*

**LIABILITY COVERAGES:**

**ADDITIONAL INSUREDS** Check all that apply

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

**For All Long Island Rail Road Agreements:**

- Long Island Rail Road (LIRR)
- Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
- New York & Atlantic Railway Company (when applicable)
- Anacostia Rail Holdings
- CBRE INC, (or current property manager under contract at the time of Certificate Insurance) – Sutphin Ave & 48 E50 St.,
- And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.

**Additional Indemnitees Required on Long Island Rail Road Agreements, depending on Location of Work:**

- NJ Transit Corporation/NJ Transit Rail Operations, Inc.
- National Railroad Passenger Corp. (Amtrak)
- Consolidated Rail Corporation
- CSX Transportation Inc.
- Triborough Bridge & Tunnel Authority (B&T)
- Port Authority of NY & NJ
- Other \_\_\_\_\_

**PROPERTY COVERAGES:**

Check all that apply

- ADDITIONAL NAMED INSUREDS/LOSS PAYEE**  
Property, Builder’s Risk, etc.

**For all Long Island Railroad Agreements :**

- Long Island Rail Road (LIRR)
- Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
- New York & Atlantic Railway Company (when applicable)
- Anacostia Rail Holdings
- CBRE INC. (or current property manager under contract at the time of Certificate Insurance - Sutphin & 48 E50 St.
- And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein

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- Consolidated Rail Corporation
- CSX Transportation Inc.
- Triborough Bridge & Tunnel Authority (B&T)
- Port Authority of NY & NJ
- 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 \_\_\_\_\_