

- Capital Contract
- Operating Contract
- Entry Permits



Metro-North Railroad

CERTIFICATE OF INSURANCE

AGREEMENT or CONTRACT #:	AGREEMENT or CONTRACT NAME/DESCRIPTION:		
INSURANCE PRODUCER:	CERTIFICATE ISSUANCE DATE:	DATE RECEIVED:	REFERENCE #:
ADDRESS:			
PHONE #:			
INSURED:	CO LTR	COMPANIES AFFORDING COVERAGE	
ADDRESS:	A		NAIC #
PHONE #:	B		NAIC #
	C		NAIC #
CERTIFICATE HOLDER: Metro-North Railroad/MTA Attn: Risk & Insurance Management	D		NAIC #
ADDRESS: 2 Broadway, 21 st Floor New York, NY 10004	E		NAIC #
PHONE#: (646) 252-1428	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). Revised 11/27/2017

LIABILITY COVERAGES:

ADDITIONAL INSUREDS Check all that apply

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

For All MNR Agreements:

- Checkboxes for Metro-North Commuter Railroad Company, Metropolitan Transportation Authority (MTA), and 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 MNR Agreements, depending on Location of Work:

- Checkboxes for Connecticut Department of Transportation (CDOT), The State of Connecticut, Midtown Trackage Ventures LLC, Midtown TDR Ventures LLC, National Railroad Passenger Corp. (Amtrak), NJ Transit Rail Operations Inc., New Jersey Transit Corporation, CSX Transportation Inc. & New York Central Lines LLC, Delaware & Hudson Railway Company, Inc., Norfolk Southern Railway Company & Pennsylvania Lines LLC, Housatonic Railroad Company, Providence & Worcester Railroad Company, Danbury Terminal Railroad Co., Maybrook Railroad Company, Argent Ventures LLC, Jones Lang LaSalle Americas, Inc./LPI, CBRE, INC. (or current property manager under contract at the time of Certificate Insurance) (341-347 Madison, 420 Lex & NWP)

Other: _____

PROPERTY COVERAGES:

Check all that apply

- Checkboxes for ADDITIONAL NAMED INSUREDS/LOSS PAYEE Property, Builder's Risk, etc.

For All MNR Agreements:

- Checkboxes for Metro-North Commuter Railroad Company, Metropolitan Transportation Authority (MTA), and 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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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 _____