

- Capital Contract
- Operating Contract
- Entry Permits



Triborough Bridge & Tunnel Authority

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: Triborough Bridge & Tunnel Authority/MTA Attention: 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)

LIABILITY COVERAGES:

ADDITIONAL INSURED Check all that apply

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

For All TBTA Agreements:

- checkbox Triborough Bridge & Tunnel Authority (TBTA)
checkbox Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
checkbox The State of New York
checkbox And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.
checkbox LAZ Parking New York/New Jersey LLC
checkbox Consultant (or Design Firm) _____

Additional Indemnitees Required on TBTA Agreements for work at 2 Broadway:

- checkbox New York City Transit (NYCT)
checkbox Metro North Commuter Railroad Company (MNR)
checkbox Long Island Railroad (LIRR)
checkbox The State of New York
checkbox MTA Bus Company (MTABus)
checkbox United States Trust Company of New York as Trustee under the 2 Broadway Ground Lease Trust
checkbox Two Broadway LLC
checkbox ZAR Realty
checkbox CBRE, INC. (or current property manager under contract at the time of Certificate Insurance)
checkbox And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein
checkbox LAZ Parking New York/New Jersey LLC
checkbox Consultant (or Design Firm) _____

PROPERTY COVERAGES:

Check all that apply

- checkbox ADDITIONAL NAMED INSURED/LOSS PAYEE
Property, Builder's Risk, etc.

For All TBTA Agreements:

- checkbox Triborough Bridge & Tunnel Authority (TBTA)
checkbox Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
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checkbox LAZ Parking New York/New Jersey LLC
checkbox Consultant (or Design Firm) _____

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 _____