

- Capital Contract
- Operating Contract
- Outside Contract



MTA Capital Construction Company

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: MTA Capital Construction Company/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). Revised 11/27/2017

LIABILITY COVERAGES:

ADDITIONAL INSURED *Check all that apply*

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

For All MTACC Agreements:

- MTA Capital Construction Company (MTACC)
- New York City Transit Authority (NYCT)
- Metro North Commuter Railroad Company (MNR)
- Long Island Railroad (LIRR)
- MTA Bus Company (MTABus)
- Triborough Bridge & Tunnel Authority (B&T)
- Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
- The City of New York (as owner)
- The State of New York (state)
- 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 MTACC Agreements 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)
- The state of New York (state)
- 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 INSURED/LOSS PAYEE

Property, Builder's Risk, etc.

For All MTACC Agreements:

- MTA Capital Construction Company (MTACC)
- New York City Transit Authority (NYCT)
- Metro North Commuter Railroad Company (MNR)
- Long Island Railroad (LIRR)
- MTA Bus Company (MTABus)
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- The state of New York (state)
- 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 _____