



**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 #
		D	NAIC #
		E	NAIC #
		F	NAIC #
G	NAIC #		
CERTIFICATE HOLDER: MTA Capital Construction Company/MTA Attention: OCIP ADMINISTRATOR			
ADDRESS: 2 Broadway, 21 st Floor New York, NY 10004			
Phone #: (646) 252-3970			

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.

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- New York City Transit Authority (NYCT)
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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 _____