

- Capital Contract
- Operating Contract
- Entry Permits



Metropolitan Transportation Authority

CERTIFICATE OF INSURANCE

Headquarters Agreements

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: Metropolitan Transportation Authority 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 MTA Headquarters Agreements:

- Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
And the respective affiliates and subsidiaries existing currently or in the future and successors to each Indemnified Party listed herein

Additional Indemnitees Required on MTA Headquarters Agreements, depending on location of work:

Grand Central Terminal Agreements:

- Metro-North Commuter Railroad Company
Connecticut Department of Transportation
Midtown Trackage Ventures LLC
Midtown TDR Ventures LLC
Argent Ventures LLC
And the respective affiliates and subsidiaries existing currently or in the future and successors to each Indemnified Party listed herein

2 Broadway Agreements:

- New York City Transit Authority (NYCT)
Triborough Bridge & Tunnel Authority (B&T)
Metro-North Commuter Railroad Company (MNR)
Long Island Rail Road (LIRR), MTA Capital Construction Co.
Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
The City of New York (as owner)
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)
And the respective affiliates and subsidiaries existing currently or in the future 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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And the respective affiliates and subsidiaries existing currently or in the future 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 _____