



Thruway Authority

SUPPLEMENTAL INSURANCE CERTIFICATE

This form supplements ACORD 25 CERTIFICATE OF LIABILITY INSURANCE documentation as required by the NYSTA. For additional information, please contact the NYSTA's Insurance Compliance Section at (518) 436-2891.

Insured: _____

All Work under NYSTA Project/Agreement/Permit No.: _____
 (If NYSTA Permit, leave blank unless Permit No. is known)

Complete/check appropriate boxes:

	Yes	No												
I. Commercial General Liability (CGL) Insurance - Policy No. _____														
a. Does the General Aggregate reflect a per-project aggregate endorsement (CG 25 03 05 09 or equivalent)? _____	<input type="checkbox"/>	<input type="checkbox"/>												
b. Does the CGL provide coverage for:														
1. Explosion, Collapse and Underground Hazards (XCU)? _____	<input type="checkbox"/>	<input type="checkbox"/>												
2. Products & Completed Operations Liability? _____	<input type="checkbox"/>	<input type="checkbox"/>												
3. Additional Insureds for claims involving injury to employees of the Named Insured or subcontractors? _____	<input type="checkbox"/>	<input type="checkbox"/>												
4. Is Cross liability in the ISO GL policy (i.e., Insured vs. Insured suits) excluded? _____ If "No", is Cross liability in the ISO GL policy restricted? _____	<input type="checkbox"/>	<input type="checkbox"/>												
5. Property damage to work due to Independent contractor's (subcontractor's) operations? _____	<input type="checkbox"/>	<input type="checkbox"/>												
c. Is the CGL policy written on ISO form CG 00 01 04 13 or an equivalent form? _____	<input type="checkbox"/>	<input type="checkbox"/>												
II. Workers' Compensation - Policy No. _____														
a. Does Workers' Comp. apply to federally-regulated employment (i.e., Jones Act, USL&H)? _____	<input type="checkbox"/>	<input type="checkbox"/>												
b. Is Workers' Comp. from a New York State authorized insurer? _____	<input type="checkbox"/>	<input type="checkbox"/>												
c. If sole proprietorship, partnership, or corporation with one or two shareholders, is Workers' Comp. coverage provided for owners? _____	<input type="checkbox"/>	<input type="checkbox"/>												
III. Environmental Insurance (EI) (including Asbestos & Lead Abatement) - Policy No. _____ Professional Liability Insurance (PLI) (including Errors & Omissions) - Policy No. _____														
a. Do EI defense costs reduce liability limits? _____	<input type="checkbox"/>	<input type="checkbox"/>												
b. If EI is on a claims-made basis, what is the retroactive date? _____														
c. Do PLI defense costs reduce liability limits? _____	<input type="checkbox"/>	<input type="checkbox"/>												
d. If PLI is on a claims-made basis, what is the retroactive date? _____														
IV. Mandatory Endorsements and Other Provisions (all policies including auto liability)														
a. Is the NYSTA listed as an Additional Insured by ISO endorsement CG 20 10 04 13 and CG 20 37 04 13 or an equivalent, under the CGL and Umbrella policies? _____	<input type="checkbox"/>	<input type="checkbox"/>												
b. Are the Umbrella and/or Excess Liability insurance policies issued on a "stand alone" or "follow form basis" to the primary CGL, Commercial Auto and/or Employer's Liability? Identify for each policy:														
<table border="0" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:10%; text-align: center;">Stand Alone</td> <td style="width:10%; text-align: center;">Follow Form</td> <td style="width:10%; text-align: center;">No Policy</td> </tr> <tr> <td>Umbrella Policy No. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Excess Policy No. _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Stand Alone	Follow Form	No Policy	Umbrella Policy No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excess Policy No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Stand Alone	Follow Form	No Policy											
Umbrella Policy No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Excess Policy No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
c. Are all policies endorsed to provide 30 days advance notice to the NYSTA of termination/material change, except for non-payment/cancellation? _____ If "No", identify policies that are not endorsed: _____	<input type="checkbox"/>	<input type="checkbox"/>												
d. Do any of the policies on the attached ACORD 25 contain a Deductible (D) or Self-Insured Retention (SIR)? _____ If "Yes", indicate the specific policy, whether D or SIR, its amount, and whether it is on a per claim, per occurrence or aggregate basis: _____	<input type="checkbox"/>	<input type="checkbox"/>												
e. Is the Automobile Liability policy endorsed to include either ISO endorsement CA 99 48 03 06 - Pollution Liability - Broadened Coverage for Covered Autos-Business Auto, Motor Carrier and Truckers Coverage Forms or ISO endorsement CA 00 12 03 06 - Truckers Coverage Forms? _____	<input type="checkbox"/>	<input type="checkbox"/>												

This certificate is issued as a matter of information only. The information provided herein accurately describes the policies listed above; and does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed above. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Signed: _____

Date: _____

Print Name: _____

Insurer's Agent

Title: _____

Insurance Broker

Firm Name: _____

Mailing Address: _____

Fax No.: () - _____

Email: _____