

Town of Islip Affirmation of Insurance Coverage

1) General Liability

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the ongoing operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the completed operations of the named insured?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable) N/A

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

2) Workers Compensation

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Is Workers' Compensation coverage included for employees working in the State of New York?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Does the Waiver of Subrogation endorsement require privity of contract between the Named Insured and third parties?

3) Umbrella / Excess Liability

YES NO

If Not Applicable Check N/A

N/A

<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York?
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy follow form of the General Liability policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Additional Insured coverage included?
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory Additional Insured wording included in the policy?

Construction Specific Questions (Check N/A/ If Not Applicable) N/A

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is the policy aggregate limit capped?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?

The Following Items Must Be Included For Review

<input type="checkbox"/>	<input type="checkbox"/>	Current Valid Certificate of Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Completed and Signed Certification Form (Attached on Page 2)



Town of Islip
Certification By Insurance Broker or Agent

Insured:	
Address:	
Phone #:	

Certificate Holder:	
Address:	

The undersigned insurance broker or agent represents to the Town of Islip that the attached Certificate of Insurance is accurate in all material respects

Name of Broker or Agent: _____

Address of Broker or Agent: _____

Phone # _____

Email Address: _____

[Name and Title of authorized official, broker, agent]

[Signature of authorized official, broker, agent]

State of _____)

County of _____)

Sworn to before me this _____ day of _____ 20____

NOTARY PUBLIC FOR THE STATE OF _____

