

# ACORD® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY):

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PRODUCER

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

### COMPANIES AFFORDING COVERAGE

COMPANY **A**

COMPANY **B**

INSURED

COMPANY **C**

COMPANY **D**

COMPANY **E**

COMPANY **F**

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO. LTR. | TYPE OF INSURANCE  | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | LIMITS   |    |
|----------|--|---------------|----------------|-----------------|--|----|
|          |  |               |                |                 |  |    |
|          | <b>GENERAL LIABILITY</b>   |               |                |                 | GENERAL AGGREGATE                                    | \$ |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY |               |                |                 | PRODUCTS-COMP/OP AGG.                                | \$ |
|          | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.           |               |                |                 | PERSONAL & ADV. INJURY                               | \$ |
|          | OWNER'S & CONTRACTORS PROT.                                      |               |                |                 | EACH OCCURRENCE                                      | \$ |
|          |  |               |                |                 | FIRE DAMAGE (Any One Fire)                           | \$ |
|          |  |               |                |                 | MEDICAL EXP. (Any One Person)                        | \$ |
|          | <b>AUTOMOBILE LIABILITY</b>                                      |               |                |                 | COMBINED SINGLE LIMIT                                | \$ |
|          | <input type="checkbox"/> ANY AUTOMOBILE                          |               |                |                 | BODILY INJURY (Per Person)                           | \$ |
|          | <input type="checkbox"/> ALL OWNED AUTOMOBILES                   |               |                |                 | BODILY INJURY (Per Accident)                         | \$ |
|          | <input type="checkbox"/> SCHEDULED AUTOMOBILES                   |               |                |                 | PROPERTY DAMAGE                                      | \$ |
|          | <input type="checkbox"/> HIRED AUTOMOBILES                       |               |                |                 | EACH OCCURRENCE                                      | \$ |
|          | <input type="checkbox"/> NON-OWNED AUTOMOBILES                   |               |                |                 | AGGREGATE  | \$ |
|          | <input type="checkbox"/> GARAGE LIABILITY                        |               |                |                 |  |    |
|          | <b>EXCESS LIABILITY</b>  |               |                |                 |  |    |
|          | <input type="checkbox"/> UMBRELLA FORM                           |               |                |                 |  |    |
|          | <input type="checkbox"/> OTHER THAN UMBRELLA FORM                |               |                |                 |  |    |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>             |               |                |                 | <input checked="" type="checkbox"/> STATUTORY LIMITS |    |
|          |  |               |                |                 | EACH ACCIDENT  | \$ |
|          |  |               |                |                 | DISEASE - POLICY LIMIT                               | \$ |
|          |  |               |                |                 | DISEASE - EACH EMPLOYEE                              | \$ |
|          | <b>OTHER</b>   |               |                |                 |  |    |

SAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

**The policy of insurance names the City of New York as additional insured and provides completed operations coverage.**

### CERTIFICATE HOLDER

**The City of New York  
c/o DOT Office of Permit Management  
55 Water Street  
New York, NY 10041**

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: