

## **CERTIFICATES OF INSURANCE**

### **Instructions to New York City Agencies, Departments, and Offices**

All certificates of insurance (except certificates of insurance solely evidencing Workers' Compensation Insurance, Employer's Liability Insurance, and/or Disability Benefits Insurance) must be accompanied by one of the following:

- (1) the Certification by Insurance Broker or Agent on the following page setting forth the required information and signatures;

-- OR --

- (2) copies of all policies as certified by an authorized representative of the issuing insurance carrier that are referenced in such certificate of insurance. If any policy is not available at the time of submission, certified binders may be submitted until such time as the policy is available, at which time a certified copy of the policy shall be submitted.

Note: This certification should accompany the certification of liability insurance; it is not necessary for the proof of workers compensation insurance and disability and paid family leave benefits insurance.

**CITY OF NEW YORK**  
**CERTIFICATION BY INSURANCE BROKER OR AGENT**

The undersigned insurance broker or agent represents to the City of New York that the attached Certificate of Insurance is accurate in all material respects.

Name of Broker or Agent

[Name of broker or agent (typewritten)]

Address

[Address of broker or agent (typewritten)]

Email Address

[Email address of broker or agent (typewritten)]

Phone number/Fax number

[Phone number/Fax number of broker or agent (typewritten)]

Signature

[Signature of authorized official, broker, or agent]

Name

[Name and title of authorized official, broker, or agent (typewritten)]

State of .....)

) ss.:

County of .....)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Note: This date must not be before the date  
on the top right corner of the certificate of  
insurance

Notarization

NOTARY PUBLIC FOR THE STATE OF \_\_\_\_\_