

New York State Thruway Authority • New York State Canal Corporation SUPPLEMENTAL INSURANCE CERTIFICATE

This form supplements ACORD 25 (2001/08) CERTIFICATE OF LIABILITY INSURANCE. If questions, contact the Authority's Insurance Compliance Section at (518) 436-2891.



Contractor/Vendor/Policyholder:

All ۱	Nork	under Thruway Authority/Canal Corporation Project/Agreement/Permit Number:					
		(If Thruway Authority/Canal Corporation Permit, leave line blank unless Permit Number is known.)					
Con	nplet	e/check appropriate boxes:	Vee	Nie	NI / A		
Ι.	Со	mmercial General Liability (CGL) Insurance	Yes	No	N/A		
	а.	Does the General Aggregate apply to this Project/Agreement/Permit only?					
	b.	Does the CGL provide coverage for:	_				
		1. Explosion, Collapse and Underground Hazards (XCU)?					
		2. Products & Completed Operations Liability?	📙				
		3. Injury to Contractor's/Subcontractor's employees (Labor Law claims)?	🔟				
		4. Contractual liability for the indemnification language in this Project/Agreement/Permit?					
П.	Owners/Contractors Protective Liability Insurance						
	a.	Is the New York State Thruway Authority ("Authority") the named insured?					
	b.	Is the New York State Canal Corporation ("Corporation") the named insured?					
Ш.	Wc	orkers' Compensation					
	a.	Does Workers' Comp. cover operations in New York State and any other state(s) in					
		which Project/Agreement/Permit operations will take place?					
	b.	Does Workers' Comp. apply to federally-regulated employment?	📙				
	С.	Is Workers' Comp. from a New York State licensed insurance company?					
	d.	If sole proprietorship, partnership, or corporation with one or two shareholders, is Workers' Comp. coverage provided for owners?					
	e.	Is proof of Workers' Comp. and Disability Benefits provided on the appropriate forms?					
IV.	En	Environmental Insurance (EI) (including Asbestos & Lead Abatement)					
	Pro	ofessional Liability Insurance (PLI) (including Errors & Omissions)					
	a.	Does EI cover the scope of services listed in the Project/Agreement/Permit?			Ц		
	b.	Do EI defense costs reduce liability limits?	🗀				
	C.	If EI is on a claims-made basis, what is the retroactive date?	_				
	d.	Does PLI cover the scope of services listed in the Project/Agreement/Permit?	🔟				
	e.	Do PLI defense costs reduce liability limits?					
	f.	If PLI is on a claims-made basis, what is the retroactive date?					
V.	Ма	Mandatory Endorsements and Other Provisions (all policies including auto liability)					
	a.	Is the Authority/Corporation listed as Additional Insured by ISO endorsement CG 20 10 11 85 or its equivalent, under the CGL and Umbrella policies, as required?					
	b.	Are the policies endorsed to provide 30 days advance notice to the Authority/Corporation of termination/change?					
	C.	Does the CGL carry a Project Endorsement for this Project/Agreement/Permit?					
	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:					

It is understood that the Authority/Corporation has requested the CERTIFICATE(S) OF LIABILITY INSURANCE and this SUPPLEMENTAL INSURANCE CERTIFICATE as evidence of insurance coverage and compliance with the insurance specifications contained in the Agreement. The Authority/Corporation is relying on the representations of coverages in the policies described, except as noted in this SUPPLEMENTAL INSURANCE CERTIFICATE.

I certify that I am an authorized agent or representative of each of the insurance companies providing insurance for the above named Policyholder, and I have the authority on behalf of each such insurer to execute this SUPPLEMENTAL INSURANCE CERTIFICATE and the CERTIFICATE(S) OF LIABILITY INSURANCE.

Signed:		Date:
	Authorized Representative	
		Insurer's Employee
Print Name:		_ Insurer's Agent
Title:		Insurance Broker {supply letter(s) of authorization from Insurer(s)}
Firm Name:		Telephone:
Mailing Address:		Fax:
		E-mail: