SUPPLEMENTAL INSURANCE CERTIFICATE

This form supplements the certificate of insurance and/or workers' compensation/NYS disability documentation as specified by contract.

Consultant/Contractor/Vendor/Policyholder: ______________________________

All Work under State University Construction Fund
Project/Agreement: _____________________________________________________

Complete/check appropriate boxes:

I. Commercial General Liability (CGL) Insurance
   a. Does the General Aggregate reflect a per-project aggregate endorsement (ISO form CG 25 03 11 85 or equivalent)? □ □ □
   b. Does the CGL provide coverage for:
      1. Explosion, Collapse & 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? .................. □ □ □
      5. Contractors' means and methods? ............................................................................................... □ □ □
      6. Independent contractor's (subcontractor's) operations? ................................................................. □ □ □
   c. Is the CGL policy written on ISO form CG 00 01 01 96 or an equivalent form? ................................. □ □ □

II. Owners/Contractors Protective Liability Insurance – is coverage provided as required by contract? ........ □ □ □

III. Builders' Risk Insurance - is coverage provided as required by contract? ........................................... □ □ □

IV. Workers' Compensation
    a. Does workers' compensation apply to federally-regulated employment (i.e. Jones Act, USL&H)? ........ □ □ □
    b. Is workers' compensation from a New York State licensed insurance provider? ................................. □ □ □
    c. If sole proprietor, partnership, or corporation with one or two shareholders, is workers' compensation coverage provided for owners? .......................................................... □ □ □

V. Environmental Insurance (EI) (including Asbestos & Lead Abatement)
    Professional Liability Insurance (PLI) (including Errors & Omissions)
    a. Does EI cover the scope of services listed in the project/agreement/permit? ..................................... □ □ □
    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? ............................................................. □ □ □

VI. Mandatory Endorsements and Other Provisions
    a. Are the State University Construction Fund, State of New York and State University of New York listed as an additional insureds by ISO endorsement form CG20101185 or its equivalent, under the CGL and Umbrella policies, as required? □ □ □
    b. Do the umbrella and/or excess liability insurance policies follow the form of the primary CGL, commercial auto and/or employer's liability as applicable? .............................................................. □ □ □
    c. Are the policies endorsed to provide 30 days advance notice to the State University Construction Fund of termination/change, except for non-payment? ......................................................... □ □ □
    d. Do any of the policies on the attached certificate of insurance contain a deductible (D) or self-insured retention (SIR)? If Yes, indicate the specific policy, whether it's a D or SIR, its amount, and whether it is on a per-claim, per-occurrence or aggregate basis: ................................................................................... □ □ □
    e. Is the automobile liability policy endorsed to include either ISO endorsement CA9948 – Pollution Liability-Broadened Coverage for Covered Autos – Business Auto, Motor Carrier and Truckers Coverage Forms, or ISO endorsement CA0112 – New York Changes in Business Auto, Business Auto Physical Damage, Motor Carrier and Truckers Coverage Forms? .......................................................... □ □ □

It is understood that the State University Construction Fund 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 State University Construction Fund is relying on the representations of coverages in the policies described.

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

Print Name: ________________________________

Title: ________________________________

Firm Name: ________________________________

Mailing Address: ________________________________

Telephone: ________________________________
Fax: ________________________________
E-mail: ________________________________

□ Insurer’s Employee
□ Insurer’s Agent
□ Insurance Broker {supply letters of authorization from Insurer(s)}