



Insurance Requirements for Construction Contracts

(Per Article 19 of the August 2010 General Conditions)

1. LIABILITY REQUIREMENTS

a. Commercial General Liability (CGL) Coverage

Proof of insurance must be submitted using the ACORD 25 form including the following elements:

- **Contract Number and Project Location:** Must be provided by your insurance carrier or licensed NYS agent in the Description of Operations Box on the ACORD 25 form.
- **Additional Language:** The following statements must be included in the Description of Operations box:

“The People of the State of New York, its Officers, Agents, and Employees are named as additional insured.”

“30 Day Notice of Cancellation”

- **Limit Amounts:** Commercial General Liability (including Excess/Umbrella liability as necessary), is required with limits at least \$2 million per occurrence and \$2 million General Aggregate.
- **Certificate Holder** (lower left corner of the ACORD 25):

NYS OGS – Design & Construction Group
Division of Contract Administration
35th Floor, Corning Tower, GNARESP
Albany, New York 12242

b. Pollution Legal Liability Insurance:

Must be submitted on the ACORD 25 form with the same elements as described above in the General Liability requirements **except for the limits, which are specified below:**

- **Limit amounts:** Must be at least \$5 million per occurrence and \$5 million General Aggregate.
- If Excess/Umbrella is used to meet minimum pollution liability limits, include the following statement in the Description of Operations box:

“Pollution/Asbestos is not excluded in excess liability coverage”.

2. WORKERS COMPENSATION AND DISABILITY REQUIREMENTS:

- The ACORD 25 form is not acceptable as proof of coverage for workers’ compensation or disability.
- For workers’ compensation, the only acceptable forms are the **C105.2** (Certificate of NYS Workers’ Compensation Coverage), the **U-26.3** (NYS Insurance Fund Certificate), the **GSI-105.2** (Certificate of Participation in Workers’ Compensation Group Board - approved self-insurance), the **SI-12** (Affidavit Certifying That Compensation Has Been Secured -self insured) or the **CE-200** (Certificate of Affidavit of Exemption from NYS Worker’ Compensation and/or Disability Benefits Coverage).
- For disability coverage, the only acceptable forms are the **DB120.1** (Certificate of Insurance Coverage Under the NYS Disability Benefits Law) or the **CE-200** (Certificate of Affidavit of Exemption).

For more information about workers’ compensation and disability insurance, log onto the Workers Compensation Board website at www.wcb.state.ny.us or call them toll-free at 1-866-546-9322.

Please have your carrier or licensed NYS agent submit each certificate by e-mail, to DC.Insurance@ogs.ny.gov, **with the contract number in the subject line**, or fax, to (518) 486-1650 or (518) 473-7862.