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NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR A	ALTER THE COV						
AGENCY All booder info	rmation must	NAMED INSURED(S) t match Acord 25 form					
POLICY NUMBER	EFFECTIVE DATE	CARRIER	THAIGCORE				
FOLICI NUMBER	EFFECTIVE DATE	CARRIER	NAICCODE				
ADDENDUM INFORMATION CERTIFICATE NUMBE	R:	REVISION NUMBER:					
A. Insurer							
Admitted / authorized Preferred/Not Required	Admitted / authorized Preferred/Not Required						
Excess line or free trade zone							
B. General Liability (GL) policy form							
ISO / ISO modified Most Common							
Other							
O One if it and a street and a street and the street in th							
C. Specific operations excluded or restricted (GL policy	Review any e	exclusions against the requirements of the contract					
	Location:						
Type of construction:							
Building height:	Building height:						
Classifications [see attached declarations / e	Classifications [see attached declarations / endorsement]						
Designated work [see attached endorsement]							
D. Additional insured endorsement (GL policy) Title:	Take care to rev	riew all endoresement forms.					
CG 20 10 CG 20 26 CG 20 32	CG 20 33	CG 20 37 CG 20 38					
Other: #:		<u> </u>					
E. According to the terms of this GL policy, the addition	nal insured has	primary and noncontributory coverage					
Yes No and no other option	on is available w	ith this insurer					
If no, this requires an explanation		nalia.d					
F. Additional insured will receive advance notice if insu	-						
Ves No and no other option of the property of the No and separation of the No and No a	on is available w	ith this insurer					
· · · · · · · · · · · · · · · · · · ·	ontract" definiti	on (Section V, Number 9, Item f. in the ISO CGL policy) is remo	oved or				
Yes and no other option is available with	this insurer	No changes made					
If yes, this requires an explanation H. "Insured contract" exception to the employers liability	ty exclusion is	removed or modified (GL policy)					
Yes and no other option is available with	this insurer	✓ No changes made					
If yes, this requires an explanation and agency review			_				
 GL policy (including endorsements) does not cover t subcontractors (not workers' compensation) 	he additional in	sured for claims involving injury to employees of the named in	sured or				
Yes and no other option is available with	this insurer	✓ No changes made					
CANNOT ACCEPT "yes"							

DDI	ENDUM INFORMATION (continued) AGENCY CUSTOMER ID:					
J.	Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy) Yes and no other option is available with this insurer No changes made					
K.	Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)					
	Yes and no other option is available with this insurer No changes made					
L.	Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted					
(Yes and no other option is available with this insurer No changes made					
М.	If yes, this requires and explanation and agency review M. Excess / umbrella policy is primary and non-contributory for additional insureds					
<	Yes, by specific policy provision Yes, by endorsement No and no other option is available with this insurer Yes -preferred					

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)