**Insurance Requirements for Construction Contracts**

(Per Article 19 of the August 2010 General Conditions)

*This document summarizes the proof of insurance requirements for* ***most*** *regular (non-emergency) construction contracts issued by the NYS OGS Design & Construction Group. Please consult Article 19 of the General Conditions of your contract for the specific legal requirements for insurance that apply to your firm, and confer with your carrier or licensed NYS agent to ensure that coverages comply with those requirements.*

# *Please have your carrier or licensed NYS agent submit each required certificate by e-mail to* [*OGS.sm.DC.insurance@ogs.ny.gov*](mailto:OGS.sm.DC.insurance@ogs.ny.gov)*, with the contract number included in the subject line of the e-mail.*

# LIABILITY REQUIREMENTS

* 1. **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 two 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 (CGL), including Excess/Umbrella liability coverage if necessary, is required with minimum contractual limits of $2 million per occurrence and $2 million general aggregate.
* ***Certificate Holder*** (lower left corner of the ACORD 25):

NYS OGS – Design & Construction Group

Bureau of Risk & Insurance Management

32nd Floor, Corning Tower, GNARESP

Albany, New York 12242

* Any CGL or umbrella policy should contain a waiver of subrogation.

# Certificate of Liability Insurance Addendum - ACORD 855

# As of October 2016, an ACORD 855 must be submitted with each new ACORD 25 to confirm adequate coverage:

# Top section of form must be completed - Date, Agency, Named Insured, Policy Number, Effective Date & Carrier must exactly match the corresponding ACORD 25 form.

# For CGL - Sections A-L must be completed in accordance with policy provisions/endorsements.

# The ACORD 855 must be signed and dated by the insurance agent or carrier.

# *If a separate policy with a different policy number for Umbrella/Excess coverage is used to supplement minimum CGL limit amounts (see 1.a above):*

# A separate ACORD 855 must be submitted for the umbrella policy. The top section of the form should be completed as well as Section M. Sections A-L are not needed. The separate ACORD 855 must be signed and dated by the insurance agent or carrier.

# 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 **s**tatement in the Description of Operations box:

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

# WORKERS COMPENSATION AND DISABILITY REQUIREMENTS

* + 1. The ACORD 25 form is **not** acceptable as proof of coverage for Workers’ Compensation or disability.
    2. For Workers’ Compensation, the only acceptable forms are the:
    - **C105.2** (Certificate of NYS Workers’ Compensation Coverage),
    - **U-26.3** (NYS Insurance Fund Certificate),
    - **GSI-105.2** (Certificate of Participation in Workers’ Compensation Group Board - approved self–insurance),
    - **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).
    1. 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](http://www.wcb.state.ny.us/) or call them toll-free at 1-866-546-9322.

**Insurance Requirements** – Rev02 (2018/09) E-FILE: V: