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Understanding Insurance Requirements

May 2 & 3, 2017

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Speakers

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Robert Marriott

Walter Peretti

Leigh Brown



Robert Marriott

- Began working for OGS BRIM August 2015.
 - Completed The Hartford School of Insurance Commercial Lines CSR/Act Manager School training October 2015.
- In 1998, started working at Travelers Property and Casualty Underwriting.
- In 1982, started insurance career at MetLife Auto and Home as a Customer Service Rep. Stayed at MetLife until 1998 where I worked as an underwriter and then the Area Underwriting Manager of Pennsylvania for 4 years.





Walter Peretti

- Has worked for the New York Workers' Compensation Board for over 20 years in a variety of roles.
- Currently working in the Communication & Outreach Unit
 - Provides training to outside stakeholders;
 - Expedites workers' compensation coverage issues relating to NYS and government contracts; and
 - Provides guidance on compliance issues for businesses and individuals.



Leighann Brown

- Began working for OGS BRIM in the winter of 2014.
- Property and Casualty career began in the summer of 2006, managing the New York State Builders Management Services, LLC (the New York State Builders Associations subsidiary insurance company) and becoming licensed in the fall of 2006.
- In 2002, just after moving to New York State, marked the beginning of an insurance career earning a Life, Health and Accident insurance license.



What is the Bureau of Risk & Insurance Management (BRIM)

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BRIM

Mission: By expanding the range of administrative support services to include risk management and insurance, we hope to enhance the safety and security of people using State properties, as well as protect the facilities themselves.

- **Insurance Procurement** - BRIM contracts with brokers to place insurance coverage when required by legislation or contracts.
- **Insurance Expertise** - Shift risk away from the State (and a contract's authorized user) and onto the contractor based upon the scope of work.



Who is the Workers' Compensation Board

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Workers' Compensation Board

Mission: The New York State Workers' Compensation Board protects the rights of employees and employers by ensuring the proper delivery of benefits to those who are injured or ill, and by promoting compliance with the law.

- **Before enactment of the Workers' Compensation Law, when a worker was injured, the only remedy was to sue in the courts. The employer could always raise an objection that the worker had assumed the risk of employment, or the injury was caused by the worker's negligence or that of another worker.**
- **Today, the workers' compensation system guarantees both medical care and weekly cash benefits to people who are injured on the job. Weekly cash benefits and medical care are paid by the employer's insurance carrier, as directed by the Workers' Compensation Board.**



Importance of Insurance Requirements in Contracts

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Self-Retained

New York State is “self-retained” – we do not purchase insurance unless required by contract.

Examples:

- State owns close to 19,000 buildings; those buildings are not insured.
- If you work for a State agency, your computers in your office are not insured



Responsibility of Risk

Contract specifications make prime contractors responsible for the risks associated with the scope of work that they perform under the contract and the work of any subcontractor.

- Why? Because there is risk in the field in which your contractor chooses to do business.
- A vendor must be fully compliant with the insurance requirements listed in the Solicitation before receiving a contract.

Types of Insurance Policies

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Common Coverages Required in Contracts

- **Commercial General Liability**
- **Business Automobile Liability**
- Professional Errors and Omissions (E&O)
- Data Breach/Cyber Liability
- Technology E&O
- Environmental Liability
- Crime Insurance
- Garage Liability
- Garage Keepers
- Umbrella/Excess
- **Workers Compensation**
- **Disability**

*Policies in **bold** are requirements in all OGS Contracts



Commercial General Liability (CGL)

“Protects against liability claims for bodily injury (BI) and property damage (PD) arising out of premises, operations, products, completed operations; and advertising and personal injury (PI) liability.”

www.irmi.com



Commercial/Business Automobile Liability Insurance

Policy provides both liability and physical damage coverage. Liability coverage responds to third party claims arising out of the ownership, maintenance, or use of automobiles, personal injury protection, and uninsured/underinsured motorists,

Physical damage is first party coverage that insures against two primary types of loss:

- **Collision:** Covers loss to a covered auto and its equipment resulting from collision or overturn
- **Comprehensive:** Covers loss to a covered auto and its equipment resulting from any cause other than collision or overturn, except those losses that are specifically excluded



Umbrella / Excess Liability

Required insurance coverage limits may be provided through a combination of primary and excess/umbrella liability policies.

Umbrella liability is “designed to provide protection against catastrophic losses. It is generally written over various primary liability policies, most commonly the business auto policy and commercial general liability policy. An Umbrella / Excess policy can also be written over other types of liability policies, including watercraft and aircraft liability policies...”

www.irmi.com





Workers Compensation & Disability Insurance

Workers Compensation – A form of insurance providing wage replacement and medical benefits to employees injured in the course of employment. This coverage is required by statute.

Disability Benefits – Provides partial replacement of income lost due to illness or injury for off the job injury or illness. This is also required by statute.



WCB Requirements

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1. Develop the Solicitation

PROVIDE PROOF

NYS Disability Benefits
Insurance (Section 220)
and Paid Family Leave

NYS Workers'
Compensation
(Section 57)

APPLICABLE LAW

NYS Disability Benefits
Insurance and Paid
Family Leave

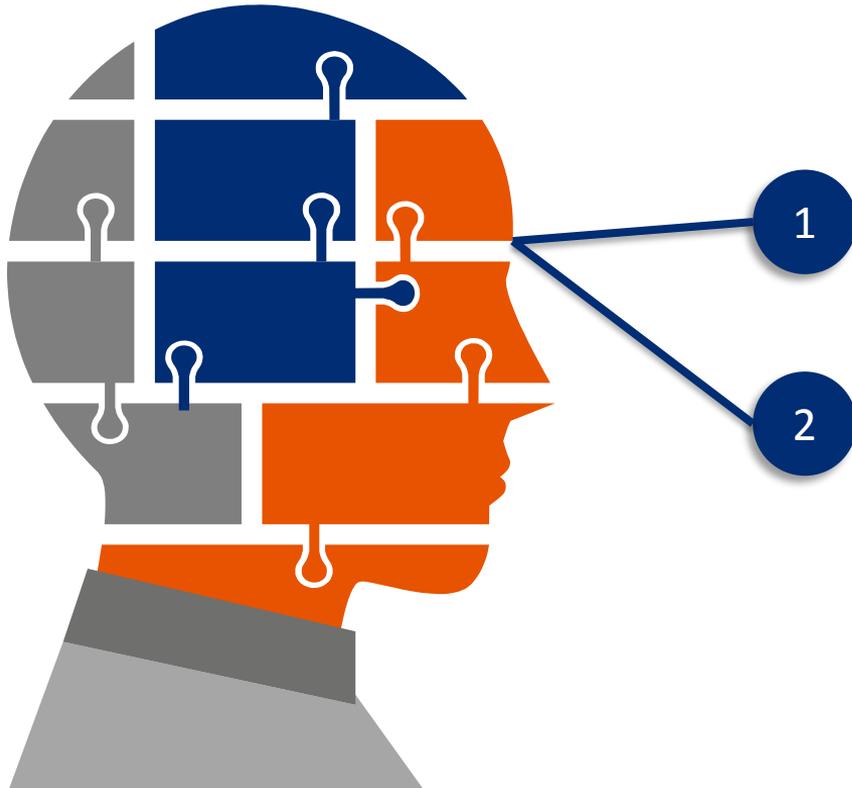
NYS Workers'
Compensation

EXEMPTION PROOF

File Certificate of
Attestation for
Exemption; Form
CE-200



2. Inform bidders of the Insurance Requirements



You are responsible for:

1 Providing language denoting the insurance requirements

2 Linking bidders to wcb.ny.gov



3. Bid Opening & Evaluation (WCB Requirements)

WCB Insurance Proof



Certificate of NYS Workers' Compensation Insurance (Form C-105.2)

Issued by private insurance carriers



Certificate of Insurance (Form U26.3)

Issued by the NYS Insurance Fund (NYSIF)



Certificate of Self-Insurance (Form SI-12)

Issued by the NYS Workers' Compensation Board, Self-Insurance Office

Note: A simple "ACORD" form is not sufficient!



4. Bid Opening & Evaluation (DB/PFL Requirements)

Disability Benefits and Paid Family Leave Proof



Certificate of NYS DB and PFL Insurance (Form DB-120.1)

Issued by private insurance carriers & NYS Insurance Fund



Certificate of Self-Insurance (Form DB-155)

Issued by NYS Workers' Compensation Board, Self-Insurance Office

Note: A simple “ACORD” form is not sufficient!



5. Certificate of Attestation for Exemption (Form CE-200)

Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or
Disability and Paid Family Leave Benefits Insurance Coverage

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability and paid family leave benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required. Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p style="text-align: center;">In the Application of (Legal Entity Name and Address):</p> <p>345 Inc. 888, One Plus Two 1 Place Champlain, NY 12919-5211 PHONE: 518-486-9586 FAX: XXXXX351</p>	<p style="text-align: center;">Business Applying For: Business License</p> <p>From: NYC Consumer Affairs</p>
<p>Workers' Compensation Exemption Statement:</p> <p>The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE for the following reason: The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors. Corporate Officers: Test P Test President, Test L Test Treasurer</p>	
<p>Disability and Paid Family Leave Benefits Exemption Statement:</p> <p>The above named business is certifying that it is NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY AND PAID FAMILY LEAVE BENEFITS INSURANCE COVERAGE for the following reason: The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability and paid family leave benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability and Paid Family Leave Benefits Law.)</p> <p>I, Test P Test, am the President with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability and paid family leave benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability and paid family leave benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.</p>	
<p>SIGN HERE Signature: _____ Date: _____</p> <p style="text-align: center;">Exemption Certificate Number 2018-003695</p>	<p style="text-align: center;">Received April 27, 2018 NYS Workers' Compensation Board</p>

CE-200-01-2018



Proof the business is exempt from needing Workers' Compensation, Disability Benefits, and/or Paid Family Leave Insurances



Must be provided for each permit, license or contract



Available at BusinessExpress.ny.gov



Basic Insurance Terms

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General Insurance Concepts / Excess Liability

Certificate of Insurance (COI) – An Acord form or equivalent, acts as proof of insurance

- COI provides limited information related to the policies, and can be viewed as a “snapshot” of all listed coverages as of the date the certificate was produced

What information can be found on the [COI](#)?

- Insurer names
- Policy numbers
- Policy terms
- Policy Limits
- Basis on which the policy is written
- Additional Insured status
- Waiver of Subrogation status
- Self Insured Retentions/ Deductibles



General Insurance Concepts (continued)

Occurrence vs. Claims-made Coverage

- Occurrence policies covers damages that “occur” during the policy period, regardless of when the claim is filed. In effect, an Occurrence policy offers permanent coverage for incidents that occur during the policy period
- Claims-made policies cover damages only when both the alleged incident and the resulting claim happen during the period the policy is in force. A Claims-made policy will cover claims after the coverage period only if the insured purchases an extended reporting period or “tail” coverage.



General Insurance Concepts (continued)

Waiver of Subrogation

- Prevents the vendor's insurer from attempting to seek reimbursement from a third party (the State/Authorized Users) who caused any kind of loss to the insured
- Why is this necessary? The State as sovereign can only be sued in the Court of Claims, so we cannot open the State up to prospective liability.



General Insurance Concepts (continued)

Self-Insured Retention / Deductible

- A self-insured retention is the dollar amount that must be paid by the insured before the insurance policy will pay on a loss above the self-insurance.
- In contrast, with a deductible, the insurer would pay the defense and indemnity costs on the insured's behalf and then seek reimbursement of the deductible payment from the insured.
- With self-retention, you must make sure a Contractor has the day one dollars necessary for any defense and indemnity that falls within the SIR limit

BRIM completes a financial review when vendor evidences a SIR/deductible over \$100,000





General Insurance Concepts (continued)

Additional Insured

- As an additional insured, an organization (OGS/Authorized Users) enjoys the benefits of being insured under an insurance policy, in addition to the Insured (vendor submitting proposal)
- On centralized contracts, the additional insured endorsements must name “The People of the State of New York, The New York State Office of General Services, any entity authorized by law or regulation to use any contract resulting from this solicitation and their officers, agents and employees”





General Insurance Concepts (continued)

- **Primary and non-contributory** – Establishes the order or priority of coverage
- **Loss Payee** – The party to whom the claim from a loss is to be paid.
- **Schedule of Underlying Insurance** – A form that lists the policies that will respond to loss before the Umbrella/ Excess policy is called on to pay any portion of a loss.



Other Terms to be Aware of

- **Certificate Holder** – The entity that receives a Certificate of Insurance
- **Insurer A.M. Best Rating** – Insurer’s must have at least an ‘A-’ rating
- **Blanket endorsement** – An endorsement that includes general language (“As per authorized agreement”) rather than naming a specific party.

Common Forms – How to Review

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Common Forms

- Certificate of Insurance
- Schedules and endorsements from policies
- Proof of Workers' Compensation Coverage
- Proof of Disability Benefits Coverage

Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fictional Insurance Agency 987 Main Street Anytown, NY 10001	CONTACT NAME: Ms. I. Agent	
	PHONE (A/C, No, Ext): 555-555-0101	FAX (A/C, No): 555-555-0102
E-MAIL ADDRESS: agent@producername.com		
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED A Fictional Company 123 Unreal Drive Anytown, NY 10001	INSURER A: Carrier A	12345
	INSURER B: Carrier B	12345
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	



Certificate of Insurance (continued)

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE			ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				CG123456789	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		GEN'L AGGREGATE LIMIT APPLIES PER:		Y	Y				MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC					PERSONAL & ADV INJURY	\$ 1,000,000
		OTHER:							GENERAL AGGREGATE	\$ 2,000,000
									PRODUCTS - COMP/OP AGG	\$ 2,000,000
										\$
B	AUTOMOBILE LIABILITY					CA123456789	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
	<input checked="" type="checkbox"/>	ANY AUTO		Y	Y				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB				UM123456789	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 2,000,000
		<input checked="" type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	Y				Y	AGGREGATE
		DED	RETENTION \$							\$



Certificate of Insurance (continued)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Solicitation # 22772

The People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees are included as an additional insured on endorsement CG 20 10 04 13 (covering ongoing operations) and CG 20 37 04 13 (covering completed operations), and General liability coverage is provided on the current edition of Commercial General Liability Coverage Form CG 00 01 . Additional insured protection afforded is on a primary and non-contributory basis. A waiver of subrogation is granted in favor of the additional insured.

CERTIFICATE HOLDER

The New York State Office of General Services
New York State Procurement
38th Floor, Corning Tower
Albany, NY 12242

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Agent's Signature



Additional Insured Endorsement - CGL

POLICY NUMBER: [CG123456789](#)

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
The People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees	As per the Authorized User Agreement between the Authorized User and the Insured



Additional Insured Endorsement – CGL

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Additional Insured Endorsement - CGL

POLICY NUMBER: [CG123456789](#)

COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
The People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use the Contract and their officers, agents and employees	As per the Authorized User Agreement between the Authorized User and the Insured



Additional Insured Endorsement – CGL (Con't)

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Additional Insured Endorsement - Auto

POLICY NUMBER: CA123456789

COMMERCIAL AUTO
CA 20 48 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Contractor Name

Endorsement Effective Date: 1/1/2018

SCHEDULE

Name Of Person(s) Or Organization(s):

The People of the State of New York, the New York State Office of General Services, any entity authorized by law or regulation to use the Contract and their officers, agents, and employees



Additional Insured Endorsement – Auto

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

Schedule of Underlying Coverage

SCHEDULE A

SCHEDULE OF UNDERLYING POLICIES

ATTACHED TO POLICY NO. UM123456789

<u>Coverage</u>	<u>Policy Term and Number</u>	<u>Company</u>	<u>Limits</u>
Automobile Liability	January 1, 2018 - January 1, 2019 CA123456789	Carrier A	\$2,000,000 Combined Single Limit
General Liability	January 1, 2018 - January 1, 2019 CG123456789	Carrier B	\$2,000,000 General Aggregate \$2,000,000 Products Comple Operations Agg. \$1,000,000 Personal and Advertising Limit \$1,000,000 Each Occurrence Limit



Proof of Workers' Compensation Coverage

- Form CE-200 – Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required
- Form C-105.2 – Certificate of Workers' Compensation Insurance
- Form U-26.3 – Certificate of Insurance from New York State Insurance Fund
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance
- Form GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance



Example: C-105.2

NEW
YORK
STATE

Workers'
Compensation
Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name and address of Insured (use street address only)</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">Vendor name and address</div> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <div style="border: 2px solid orange; padding: 5px; text-align: center;">FEIN</div>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">Certificate Holder</div>	<p>3a. Name of Insurance Carrier</p> <div style="border: 2px solid orange; padding: 5px; text-align: center;">Policy information</div> <p>3b. Policy Number of Entity listed in Box "1a":</p> <p>3c. Policy effective period: _____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are:</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>



Example: C-105.2 (continued)

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by:	_____
	(print name of authorized representative or licensed agent of insurance carrier)
Approved by:	_____
	(Signature) (Date)
Title:	_____
Telephone Number of authorized representative or licensed agent of insurance carrier:	_____

Proof of Disability Benefits Coverage

- Form CE-200 – Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required
- Form DB-120.1 – Certificate of Disability Benefits Insurance
- Form DB-155 – Certificate of Disability Benefits Self-Insurance



Example: DB-120.1



Workers' Compensation Board

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
<p>1a. Legal Name & Address of Insured (use street address only)</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">Vendor Name as it appears on Contract & Address</div> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">FEIN as it appears on Contract</div>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">Certificate Holder</div>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <div style="border: 2px solid orange; padding: 10px; text-align: center;">Policy Information</div> <p>3c. Policy effective period _____ to _____</p>





Example: DB-120.1 (Continued)

4. Policy covers:

- A. All of the employer's employees eligible under the New York Disability Benefits Law
- B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed _____ By _____
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number _____ Title _____

IMPORTANT: If Box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box "4b" of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
Signature of NYS Workers' Compensation Board Employee)



Questions?

Helpful Links

- [NYS DFS](#) – Enter NAIC of Insurer to make sure they are licensed to do business in NYS
- [ELANY](#) – Insurers not listed on NYS DFS can be accepted if found on the ELANY website
- [A.M. Best Rating](#) – Enter NAIC of Insurer to make sure they have at least an ‘A-’ rating
- [Workers Compensation Board](#) – Enter FEIN to make sure info on WC and DB forms are correct

