☐ Capital Contract
☐ Operating Contract
☐ Outside Contract

MTA Capital Construction Company
CERTIFICATE OF INSURANCE

AGREEMENT or CONTRACT #:	**AGREEMENT or CONTRACT NAME/DESCRIPTION:**		
INSURANCE PRODUCER: **ADDRESS:** **PHONE #:**	**CERTIFICATE ISSUANCE DATE:**	**DATE RECEIVED:**	**REFERENCE #:**

INSURED: **ADDRESS:** **PHONE #:**	**CO LTR**	**COMPANIES AFFORDING COVERAGE**	
	A		**NAIC #**
	B		**NAIC #**
	C		**NAIC #**
CERTIFICATE HOLDER: **MTA Capital Construction Company/MTA Attention: Risk & Insurance Management** **ADDRESS:** **2 Broadway, 21st Floor New York, NY 10004** **Phone #:** **646-252-1428**	**D**		**NAIC #**
	E		**NAIC #**
	F		**NAIC #**
	G		**NAIC #**

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
	☐ **COMMERCIAL GENERAL LIABILITY** ☐ Occurrence ☐ SIR/Deductible $_____ ☐ _____ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ Policy ☐ Project ☐ Loc ☐ Other: SIR/Deductible $_____				**EACH OCCURRENCE**	$
					DAMAGES TO RENTED PREMISES (Ea occurrence)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$
					PRODUCTS – COMP/OP AGG	$
						$
	AUTOMOBILE LIABILITY ☐ Any Auto ☐ Owned Autos Only ☐ Scheduled Autos ☐ Hired Autos Only ☐ Non-Owned Autos Only				**COMBINED SINGLE LIMIT (Ea accident)**	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
						$
	☐ **UMBRELLA LIAB** ☐ Occurrence ☐ **Excess Liab** ☐ Claims Made ☐ DED ☐ Retention $_____				**EACH OCCURRENCE**	$
					AGGREGATE	$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ☐ USLH ☐ Jones Act ☐ "Other States" Coverage				☐ **STATUTORY LIMITS**	
					EMPLOYER'S LIABILITY	$
	GARAGE LIABILITY ☐ Any Auto ☐ Owned Autos Only ☐ Hired Autos Only ☐ Non-Owned Autos Only				**AUTO ONLY EACH ACCIDENT**	$
					OTHER THAN AUTO ONLY — **EA ACC**	$
					OTHER THAN AUTO ONLY — **AGG**	$
	PROFESSIONAL LIABILITY ☐ Includes incidental Pollution Liability ☐ Deductible $_____					$
	OTHER: _____					$
	OTHER: _____					$
	OTHER: _____					$

EVIDENCE OF RAILROAD PROTECTIVE LIABILITY AND/OR BUILDER'S RISK INSURANCE, WHEN APPLICABLE, REQUIRES SUBMISSION OF THE ORIGINAL POLICY.
THE ORIGINAL BINDER(S) WILL BE ACCEPTED, PENDING ISSUANCE OF THE ORIGINAL POLICY(S). *Revised 9/2015*

LIABILITY COVERAGES:

ADDITIONAL INSUREDS Check all that apply
Coverage: General Liability, Garage Liability, Excess/Umbrella Liability

For All MTACC Agreements:
- ☐ MTA Capital Construction Company (MTACC)
- ☐ New York City Transit Authority (NYCT)
- ☐ Metro North Commuter Railroad Company (MNR)
- ☐ Long Island Railroad (LIRR)
- ☐ MTA Bus Company (MTABus)
- ☐ Triborough Bridge & Tunnel Authority (B&T)
- ☐ Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
- ☐ The City of New York (as owner)
- ☐ The State of New York (state)
- ☐ And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein

Additional Indemnitees Required on MTACC Agreements for work at 2 Broadway:
- ☐ United States Trust Company of New York as Trustee under the 2 Broadway Ground Lease Trust
- ☐ Two Broadway LLC
- ☐ ZAR Realty
- ☐ Transwestern Commercial Services New York, L.L.C.
- ☐ The state of New York (state)
- ☐ And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein

☐ Other: _____

PROPERTY COVERAGES:
Check all that apply

☐ **ADDITIONAL NAMED INSUREDS/LOSS PAYEE**
Property, Builder's Risk, etc.

For All MTACC Agreements:
- ☐ MTA Capital Construction Company (MTACC)
- ☐ New York City Transit Authority (NYCT)
- ☐ Metro North Commuter Railroad Company (MNR)
- ☐ Long Island Railroad (LIRR)
- ☐ MTA Bus Company (MTABus)
- ☐ Triborough Bridge & Tunnel Authority (B&T)
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- ☐ The state of New York (state)
- ☐ And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein

☐ Other: _____

CERTIFICATION BY INSURANCE BROKER OR AGENT

The undersigned insurance broker or agent represents that the Certificate of Insurance is accurate in all material respects.

_____
[Name of broker or agent (typewritten)]

_____
[Address of broker or agent (typewritten)]

_____
[Email address of broker or agent (typewritten)]

_____
[Phone number/Fax number of broker or agent (typewritten)]

_____
[Signature of authorized official, broker or agent]

_____
[Name and title of authorized official, broker, or agent (typewritten)]

State of……..……)
) s.s.:
County of…….. ……)

Sworn to before me this ____ day of _____ 20___

_____
NOTARY PUBLIC FOR THE STATE OF _____