

- Capital Contract
- Operating Contract
- Outside Contract



New York City Transit CERTIFICATE OF INSURANCE

AGREEMENT or CONTRACT #:	AGREEMENT or CONTRACT NAME/DESCRIPTION:		
INSURANCE PRODUCER:	CERTIFICATE ISSUANCE DATE:	DATE RECEIVED:	REFERENCE #:
ADDRESS:			
PHONE #:			
INSURED:	CO LTR	COMPANIES AFFORDING COVERAGE	
ADDRESS:	A		NAIC #
PHONE #:	B		NAIC #
	C		NAIC #
	D		NAIC #
CERTIFICATE HOLDER: New York City Transit/MTA Attention: Risk & Insurance Management	E		NAIC #
ADDRESS: 2 Broadway, 21 st Floor New York, NY 10004	F		NAIC #
Phone #: (646) 252-1428	G		NAIC #

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Occurrence <input type="checkbox"/> SIR/Deductible \$ _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc <input type="checkbox"/> Other: SIR/Deductible \$ _____				EACH OCCURRENCE	\$				
					DAMAGES TO RENTED PREMISES (Ea occurrence)	\$				
					PERSONAL & ADV INJURY	\$				
					GENERAL AGGREGATE	\$				
					PRODUCTS – COMP/OP AGG	\$				
						\$				
	AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> Non-Owned Autos Only				COMBINED SINGLE LIMIT (Ea accident)	\$				
					BODILY INJURY (Per person)	\$				
					BODILY INJURY (Per accident)	\$				
					PROPERTY DAMAGE (Per accident)	\$				
						\$				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> Occurrence <input type="checkbox"/> Excess Liab <input type="checkbox"/> Claims Made <input type="checkbox"/> DED <input type="checkbox"/> Retention \$ _____				EACH OCCURRENCE	\$				
					AGGREGATE	\$				
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY <input type="checkbox"/> USLH <input type="checkbox"/> Jones Act <input type="checkbox"/> "Other States" Coverage				<input type="checkbox"/> STATUTORY LIMITS					
					EMPLOYER'S LIABILITY	\$				
	GARAGE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> Non-Owned Autos Only				AUTO ONLY EACH ACCIDENT	\$				
					OTHER THAN AUTO ONLY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">EA ACC</td> <td>\$</td> </tr> <tr> <td>AGG</td> <td>\$</td> </tr> </table>	EA ACC	\$	AGG	\$
EA ACC	\$									
AGG	\$									
	PROFESSIONAL LIABILITY <input type="checkbox"/> Includes incidental Pollution Liability <input type="checkbox"/> 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).**

