



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 #
			E		NAIC #
			F		NAIC #
CERTIFICATE HOLDER: Triborough Bridge & Tunnel Authority/MTA Attention: OCIP ADMINISTRATOR		G		NAIC #	
ADDRESS: 2 Broadway, 21 st Floor New York, NY 10004					
PHONE #: (646) 252-3970					

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	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)**

LIABILITY COVERAGES:

ADDITIONAL INSURED Check all that apply
Coverage: Commercial Liability, Garage Liability, Excess/Umbrella Liability

- For All TBTA Agreements:
Triborough Bridge & Tunnel Authority (TBTA)
Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates
The State of New York
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.
LAZ Parking New York/New Jersey LLC
Consultant (or Design Firm)

- Additional Indemnitees Required on TBTA Agreements for work at 2 Broadway:
New York City Transit (NYCT)
Metro North Commuter Railroad Company (MNR)
Long Island Railroad (LIRR)
The State of New York
MTA Bus Company (MTABus)
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.
And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein
LAZ Parking New York/New Jersey LLC
Consultant (or Design Firm)

PROPERTY COVERAGES:

Check all that apply
ADDITIONAL NAMED INSURED/LOSS PAYEE
Property, Builder's Risk, etc.

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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 _____