

Affirmation of Coverage by Subcontractor's Broker/Agent

(USI's) Insured			
Subcontractor			
Project Name			
Yes	No		
1.) General Liability			
<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the ongoing operations of the named insured?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy provide coverage to the additional insured for liability arising out of the completed operations of the named insured?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Additional Insured endorsement(s) require privity of contract between the Named Insured and Additional Insured?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Waiver of Subrogation endorsement require privity of contract between the Named Insured and third parties?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory Additional Insured wording included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Do the policy limits apply on a "per project" basis?	
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?	What is the policy aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is a residential coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a location coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a height coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any endorsement or amendment to the ISO CGL form that modifies the policy's employee exclusion and/or the definition of insured contract, or in any other manner excludes coverage or risk transfer with respect to Labor Law 240/241?	
2.) Workers' Compensation			
<input type="checkbox"/>	<input type="checkbox"/>	Is Workers' Compensation coverage included for employees working in the State of New York?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the Waiver of Subrogation endorsement require privity of contract between the Named Insured and third parties?	
3.) Automobile Liability			
<input type="checkbox"/>	<input type="checkbox"/>	Is Automobile Liability coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Additional Insured coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation included in favor of all Additional Insureds?	
4.) Umbrella/Excess Liability			
<input type="checkbox"/>	<input type="checkbox"/>	Is the carrier an Authorized Insurer (Admitted) in the State of New York?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the policy follow form of the General Liability policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Does the underlying policy schedule include Automobile Liability?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Additional Insured coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a Waiver of Subrogation endorsement in favor of all Additional Insureds included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Primary and Non-Contributory wording included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Per Project Aggregate included?	
<input type="checkbox"/>	<input type="checkbox"/>	Does a policy aggregate limit apply which limits the "per project" aggregate limit?	What is the policy aggregate limit?
<input type="checkbox"/>	<input type="checkbox"/>	Is a residential coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a location coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is a height coverage exclusion included in the policy?	
<input type="checkbox"/>	<input type="checkbox"/>	Is an exclusion for injuries to employees/employees of a third party, or any other claim pertaining to Labor Law 240/241 included in the policy?	
5.) Other			
<input type="checkbox"/>	<input type="checkbox"/>	Is Professional Liability coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Pollution Liability coverage included?	
<input type="checkbox"/>	<input type="checkbox"/>	Does Pollution Liability coverage include Additional Insured, Primary/Non-Contributory Endorsement and Waiver of Subrogation?	
<input type="checkbox"/>	<input type="checkbox"/>	Is Disability coverage included?	
The following items must be included for review			
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Insurance including Project Specific Information (Not a Sample)	
<input type="checkbox"/>	<input type="checkbox"/>	Complete General Liability Policy	
<input type="checkbox"/>	<input type="checkbox"/>	Complete Umbrella/ Excess Liability Policy	
Brokerage/Agency Information			
Company			
Address			
Phone Number			
<i>By signing below, I hereby attest I am an Authorized Representative of the referenced Brokerage/Agency, that I completed this form and that the information included in the form regarding the Subcontractor's insurance program is accurate.</i>			
Authorized Representative's Name			
Authorized Representative's Signature			
Broker/Agent's New York License Number		Date	



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