



**Long Island Rail Road  
CERTIFICATE OF INSURANCE**

<b>AGREEMENT or CONTRACT #:</b>	<b>AGREEMENT or CONTRACT NAME/DESCRIPTION:</b>		
<b>INSURANCE PRODUCER:</b>	<b>CERTIFICATE ISSUANCE DATE:</b>	<b>DATE RECEIVED:</b>	<b>REFERENCE #:</b>
<b>ADDRESS:</b>			
<b>PHONE #:</b>			
<b>INSURED:</b>  <b>ADDRESS:</b>  <b>PHONE #:</b>	<b>CO LTR</b>	<b>COMPANIES AFFORDING COVERAGE</b>	
	A		<b>NAIC #</b>
	B		<b>NAIC #</b>
	C		<b>NAIC #</b>
	D		<b>NAIC #</b>
	E		<b>NAIC #</b>
	F		<b>NAIC #</b>
<b>CERTIFICATE HOLDER:</b>	G		<b>NAIC #</b>
<b>ADDRESS:</b>			
<b>PHONE #:</b>			

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS												
	<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Occur <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 \$ _____				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align:right">\$</td></tr> <tr><td>DAMAGES TO RENTED PREMISES (Ea occurrence)</td><td style="text-align:right">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align:right">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align:right">\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align:right">\$</td></tr> <tr><td></td><td style="text-align:right">\$</td></tr> </table>	EACH OCCURRENCE	\$	DAMAGES TO RENTED PREMISES (Ea occurrence)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$		\$
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PRODUCTS - COMP/OP AGG	\$																
	\$																
	<b>AUTOMOBILE LIABILITY</b> <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				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align:right">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align:right">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align:right">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align:right">\$</td></tr> <tr><td></td><td style="text-align:right">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$		
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	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> <input type="checkbox"/> USLH <input type="checkbox"/> Jones Act <input type="checkbox"/> "Other States" Coverage				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> STATUTORY LIMITS</td><td></td></tr> <tr><td>EMPLOYER'S LIABILITY</td><td style="text-align:right">\$</td></tr> </table>	<input type="checkbox"/> STATUTORY LIMITS		EMPLOYER'S LIABILITY	\$								
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EMPLOYER'S LIABILITY	\$																
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> Any Auto <input type="checkbox"/> Owned Autos Only <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> Non-Owned Autos Only				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY EACH ACCIDENT</td><td style="text-align:right">\$</td></tr> <tr> <td rowspan="2" style="text-align:center">OTHER THAN AUTO ONLY</td> <td style="text-align:right">EA ACC</td> <td style="text-align:right">\$</td> </tr> <tr> <td style="text-align:right">AGG</td> <td style="text-align:right">\$</td> </tr> </table>	AUTO ONLY EACH ACCIDENT	\$	OTHER THAN AUTO ONLY	EA ACC	\$	AGG	\$					
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	AGG	\$															
	<b>PROFESSIONAL LIABILITY</b> <input type="checkbox"/> Includes incidental Pollution Liability <input type="checkbox"/> Deductible \$ _____				\$												
	<b>OTHER:</b> _____				\$												
	<b>OTHER:</b> _____				\$												
	<b>OTHER:</b> _____				\$												

**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 11/27/2017

