

PLEASE BRING THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT TO ASSURE PROPER COVERAGE AND LIMITS ARE IN PLACE. FAILURE TO PROVIDE CERTIFICATE(S) OF INSURANCE EVIDENCING REQUIREMENTS BELOW, SHALL RESULT IN DELAY OF CONTRACT EXECUTION.

SCHEDULE C
VILLAGE OF CORNWALL-ON-HUDSON STANDARD CONTRACT INSURANCE REQUIREMENTS

CONDITIONS OF INSURANCE

Unless otherwise authorized by the Village of **Cornwall-on-Hudson**, strict adherence to this schedule is required. Any deviation without prior authorization from the Village of Cornwall-on-Hudson will result in a delay in the finalization of this Agreement.

The APPLICANT/VENDOR shall submit copies of any or all required insurance policies as and when requested by the Village of Cornwall-on-Hudson.

CERTIFICATES OF INSURANCE

The APPLICANT/VENDOR shall file with the **Village of Cornwall-on-Hudson**, prior to commencing work under this Agreement, all proper Certificates of Insurance.

The Certificates of Insurance shall include:

- a. Name and Address of Insured
- b. Issue date of certificate
- c. Insurance company name
- d. Type of coverage in effect
- e. Policy number
- f. Inception and expiration dates of policies included on the certificate
- g. Limits of liability for all policies included on the certificate
- h. "Certificate Holder" shall be the Village of Cornwall-on-Hudson, 325 Hudson Street, Cornwall-on-Hudson, New York.

If the Applicant/Vendor's insurance policies should be non-renewed or canceled, or should expire during the life of this Agreement, the Village of Cornwall-on-Hudson shall be provided with a new certificate indicating the replacement policy information as requested above. The Village of Cornwall-on-Hudson requires thirty (30) days prior written notice of cancellation [fifteen (15) days for non-payment of premium] from the Insurer, its agents or representatives.

The contractor/vendor agrees to indemnify the Village of Cornwall-on-Hudson for any applicable deductibles and self-insured retentions.

WORKERS' COMPENSATION AND DISABILITY INSURANCE

The APPLICANT/VENDOR shall take out and maintain during the life of this Agreement, Workers' Compensation (WC) Insurance and Disability Benefits (DB) Insurance, for all its employees employed at the site of the project and shall provide Certificates of Insurance evidencing this coverage to the Village of Cornwall-on-Hudson. Waiver of Subrogation is required

If the APPLICANT/VENDOR is not required to carry such insurance, the APPLICANT/VENDOR must submit form CE-200 attesting to the fact that it is exempt from providing WC and/or DB Insurance coverage for all its employees.

The manner of proof related to WC and DB Insurance is controlled by New York State Laws, Rules and Regulations. "ACORD" forms are not acceptable proof of WC and/or DB Insurance.

WORKERS' COMPENSATION REQUIREMENTS

A business entity (the APPLICANT/VENDOR) seeking to enter into a contract with a municipality (Village of Cornwall-on-Hudson) must provide one of the following forms to the municipal entity it is entering into a contract with. The APPLICANT/VENDOR should contact their insurance agent to obtain acceptable proof of WC coverage:

- Form C-105.2 – "Certificate of NYS Workers' Compensation Insurance" **or**
- Form U-26.3 – "Certificate of Workers' Compensation Insurance" issued by the New York State Insurance Fund **or**

- Form SI-12 – “Affidavit Certifying that Compensation has Been Secured” issued by the Self-Insurance Office of the Workers’ Compensation Board if the APPLICANT/VENDOR is self-insured **or**
- Form GSI-105.2 – “Certificate of Participation in Workers’ Compensation Group Self-Insurance” issued by the Self-Insurance administrator of the group **or**
- Form GSI-12 – “Certificate of Group Workers’ Compensation Group Self-Insurance” issued by the Self-Insurance Office of the Workers’ Compensation Board if the APPLICANT/VENDOR is self-insured.

If the APPLICANT/VENDOR is not required to carry WC coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

DISABILITY BENEFITS REQUIREMENTS

To assist the State of New York and municipal entities in enforcing WCL Section 220(8), a business entity (the APPLICANT/VENDOR) seeking to enter into a contract with a municipality must provide one of the following forms to the municipal entity it is entering into a contract with. The APPLICANT/VENDOR should contact their insurance agent to obtain acceptable proof of DB Insurance Coverage:

- Form DB-120.1 – “Certificate of Insurance Coverage Under the NYS Disability Benefits Law” **or**
- Form DB-155 – “Compliance with Disability Benefits Law” issued by the Self-Insurance Office of the Workers’ Compensation Board if the Vendor is self-insured.

If the Vendor is not required to carry DB Insurance coverage, it must submit Form CE-200, “Certificate of Attestation of Exemption” from New York State Workers’ Compensation and/or Disability Benefits Insurance Coverage. This form and the instructions for completing it are available at <http://www.wcb.ny.gov>

COMMERCIAL GENERAL LIABILITY INSURANCE:

The APPLICANT/VENDOR shall take out and maintain during the life of this Agreement, such bodily injury liability and property damage liability insurance as shall protect it and the Village of Cornwall-on-Hudson from claims for damages for bodily injury including accidental death, as well as from claims for property damage that may arise from operations under this Agreement, whether such operations be by the APPLICANT/VENDOR, by any subcontractor, or by anyone directly or indirectly employed by either of them.

It shall be the responsibility of the APPLICANT/VENDOR to maintain such insurance in amounts sufficient to fully protect itself and the Village of Cornwall-on-Hudson, but in no instance shall amounts be less than the minimum acceptable levels of coverage set forth below:

- Bodily Injury Liability and Property Damage Liability Insurance in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS** for each occurrence, and in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** general aggregate.

Other Conditions of Commercial General Liability Insurance:

- Coverage shall be written on Commercial General Liability form.
- Coverage shall include:
 - Contractual Liability
 - Independent Contractors
 - Products and Completed Operations
- “Additional Insured” status shall be granted to “Village of Cornwall-on-Hudson, 325 Hudson Street, Cornwall-on-Hudson, New York”, shown on the Commercial General Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance and a Waiver of Subrogation Endorsement is required.
- Contractors should should provide a Per Project Aggregate Limit Form - CG 25 03 or equivalent.

UMBRELLA LIABILITY OR EXCESS LIABILITY INSURANCE:

[☐] If box is checked must provide Umbrella Liability or Excess Liability Insurance in an amount not less than **TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS** .

NOTE: As long as all minimum underlying limits have been met, insurance limits may be a total combined limit of the

Umbrella/Excess Liability limits and the underlying liability insurance limits.

The Umbrella/Excess Liability coverage MUST be written on a follow-form (drop down) basis with no additional exclusions to the underlying insurance coverage.

- a. "Additional Insured" status shall be granted to "Village of Cornwall-on-Hudson, 325 Hudson Street, Cornwall-on-Hudson, New York", shown on the Commercial General Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance and Waiver of Subrogation Endorsement is required.

AUTOMOBILE LIABILITY INSURANCE

Automobile Bodily Injury Liability and Property Damage Liability Insurance shall be provided by the APPLICANT/VENDOR, with a minimum Combined Single Limit (CSL) of **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS**.

Coverage shall include:

- a. All owned vehicles
- b. Any hired automobile
- c. Any non-owned automobile
- d. "Additional Insured" status shall be granted to "Village of Cornwall-on-Hudson, 325 Hudson Street, Cornwall-on-Hudson, New York", shown on the Commercial General Liability policy, further stating that this insurance shall be primary and non-contributory with any other valid and collectable insurance. A Waiver of Subrogation Endorsement is required.

PROFESSIONAL LIABILITY INSURANCE (e.g. MALPRACTICE, MEDIA LIABILITY, ERRORS & OMISSIONS INSURANCE)

☐ If this box is checked, Professional Liability Insurance shall be provided by the APPLICANT/VENDOR in an amount not less than **ONE MILLION AND 00/100 (\$1,000,000.00) DOLLARS for each occurrence and in an amount of not less than TWO MILLION AND 00/100 (\$2,000,000.00) DOLLARS general aggregate.**

POLLUTION LIABILITY INSURANCE:

☐ If this box is checked, Pollution Liability Insurance shall be provided by the APPLICANT/VENDOR in an amount not less than

FIVE MILLION AND 00/100 (\$5,000,000) DOLLARS for each occurrence and in an amount of not less than FIVE MILLION AND 00/100 (\$5,000,000) DOLLARS general aggregate.

SEXUAL ABUSE & MOLESTATION COVERAGE:

☐ If this box is checked, Sexual Abuse & Molestation Coverage must be provided on the General Liability Policy and extend to the full limits of the umbrella policy as well.