

Dutchess County Planning and Development
Community Investment Program

Insurance Requirements Summary

This is a summary of the County's insurance requirements designed to help organizations and their insurance agents provide the appropriate insurance documentation to the County. We have underlined the most frequent mistakes made in the Acord form that result in the rejection of certificates. The full insurance requirements are in the agreement with the County.

All organizations, and any sub-contractors, receiving funds from the County must secure and maintain, at their own cost, the following insurance and provide proof to the County prior to commencing work under any Agreement:

Worker's Compensation Employer's Liability (statutory limits). In compliance with the Workers' Compensation Law of the State of New York, each organization shall provide:

- a. a certificate of insurance on an Acord form indicating proof of coverage for Worker's Compensation, Employer's Liability, **OR**
- b. a New York State Workers Compensation Notice of Compliance (Form C-105, Form U-26.3, Form SI-12 or Form SI-105.2P). The Notice of Compliance must indicate a waiver of subrogation in favor of the County of Dutchess is provided, **OR**
- c. in the event that the organization is exempt from providing coverage, it must provide a properly executed copy of the Certificate of Attestation of Exemption from NYS Workers' Compensation Board, Form CE-200, **OR**
- d. a Certificate of Participation in a Self-insurance Program. For those municipalities participating in the Dutchess County Self-Insured Plan, we will receive verification from the Dutchess County Office of Risk Management.

Commercial General Liability Insurance coverage including:

- a. Blanket contractual coverage for the operation of the program with limits not less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
- b. Insurance shall be written on an occurrence coverage form.
- c. Insurance shall include coverage for bodily injury and property damage liability. In addition, if your agency provides services to minors 0 to 18 years of age, your insurance coverage shall include sexual abuse, molestation and medical coverage for the participants in the program.
- d. County of Dutchess must be listed as additional insured.
- e. Additional insured endorsement required which shall not contain any exclusion for bodily injury or property damage arising from completed operations.

Depending on the type and scope of work, the County may also require additional insurance coverage for:

Automobile Liability Insurance coverage for all owned, scheduled, hired, and non-owned vehicles with:

- a. A combined single limit of liability of not less than \$1,000,000.
- b. Insurance shall include coverage for bodily injury and property damage liability.
- c. County of Dutchess must be listed as additional insured.

Professional Liability, if required, with:

- a. Limits not less than \$1,000,000 per occurrence; \$3,000,000 in the aggregate.
- b. In the event of expiration or termination of the Agreement, the organization shall either maintain this coverage for not less than three (3) years, or shall provide an equivalent extended reporting endorsement (commonly known as a 'tail policy').

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Excess/Umbrella Liability, if required, with:

- a. Limits not less than \$5,000,000 per occurrence with a \$5,000,000 aggregate.
- b. County of Dutchess must be included as additional insured.

The Acord form certificate of insurance must contain the following provisions:

- a. The County of Dutchess must be listed as certificate holder and additional insured on the commercial general, umbrella/excess, and automobile liability policies.
- b. The commercial general liability policy must include the additional insured endorsement forms cg 2037 July 2004 edition and the cg 2010 April 2013 edition or their equivalent.
- c. The commercial general and automobile policies are primary and noncontributory.
- d. The commercial general liability, auto liability and worker's compensation policies must contain a waiver of subrogation in favor of the County of Dutchess.
- e. The umbrella/excess policy is primary and noncontributory and must contain a waiver of subrogation in favor of the County of Dutchess.

Notice of Cancellation: Prior to cancellation or material change in any policy, a thirty (30) day notice shall be given to the County Attorney at the address listed below:

Dutchess County Attorney
County Office Building
22 Market Street
Poughkeepsie, New York 12601

All insurance policies shall be underwritten by companies authorized to do business in the State of New York with an A.M. Best financial strength rating of A- or better. In the alternative, the policies may be underwritten by Non-Admitted companies with an A.M. Best financial strength rating of A+ or higher. The organization and its sub-contractor(s), if any, shall be solely responsible for any deductible losses under each of the required policies.

Description of Operation:

Following is a sample Certificate of Insurance (COI) highlighting the required coverage and language for the Description of Operations. This highlighted information is essential. Please review it carefully and submit accordingly as the Director of Risk Management will accept nothing less OR for the sake of ease and clarity we welcome and encourage you to forward this requirement sheet and the sample COI to your insurance agent/carrier for direct submission to us.

Questions or concerns by you or your carrier should be addressed to:

Gail Ouimet or Christie Bonomo
Dutchess County Planning and Development
(845) 486-3600 or gouimet@dutchessny.gov or cbonomo@dutchessny.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C No, Ext):	FAX (A/C No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	Admitted in NYS (AM Best rated A- or Better)
	INSURER B:	Non-Admitted in NYS (AM Best rated A+ or Better)
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL ISNR	INSR	POLICY	POLICY EFF	POLICY EXP	LIMITS
		INSR	YWD	NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy Number			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS			Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						
<input checked="" type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB			Policy Number			EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						
	DED RETENTIONS \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N		Policy Number			<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	N/A						
	Professional Liability (if required)			Policy Number			\$1,000,000 Occurrence \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

County of Dutchess included as additional insured on a primary and non-contributory basis for General Liability, Auto Liability and Excess/Umbrella Liability. General Liability additional insured for CG2037 7/04 and CG2010 4/13 editions or their equivalent are included. Waiver of Subrogation in favor of County of Dutchess included on General Liability, Auto Liability, Excess/Umbrella Liability, and Workers Compensation. 30 Day Notice of Cancellation or Material Change to Certificate Holder is included.

CERTIFICATE HOLDER

CANCELLATION

County of Dutchess Attn. County Attorney 22 Market Street Poughkeepsie, NY 12601	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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