

**TOWN OF HARRISON**  
**VILLAGE OF HARRISON**

**CERTIFICATE OF INSURANCE REQUIREMENTS**

The Town of Harrison and Village of Harrison require the following information on all insurance certificates issued for Curb Cut and Street Opening permits in the Town of Harrison and the Village of Harrison.

- The Town of Harrison and Village of Harrison **must be named as additional insured**
- The Town of Harrison and Village of Harrison **must be named as certificate holder**
- The Town of Harrison and Village of Harrison require insurance coverage of General Liability - \$1,000,000.00 - \$2,000,000.00 coverage per occurrence
- Worker's Compensation – as required by the State of New York – **separate sheet (New York State Insurance Fund sample attached)** Coverage by other insurance companies is acceptable
- Insurance companies must be **licensed** to do business in the State of New York and **such language must be included on the certificate**
- Description of Operation/Date(s)/Location information **must** be provided under the Description section of the certificate
- Cancellation of Insurance: 10 day expiration notice unless otherwise authorized by the Town Attorney's Office
- Insurance coverage must be provided for at least one (1) year unless otherwise authorized by the Town Attorney's Office
- Certificates must include policy numbers
- **Original** Certificates of Insurance must be submitted to:

Town Attorney's Office  
Town of Harrison  
Village of Harrison  
1 Heineman Place  
Harrison, New York 10528

**INSURANCE CERTIFICATES WILL NOT BE ACCEPTED BY THE TOWN AND VILLAGE OF HARRISON UNLESS ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER  
**Name of Insurance Broker**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
**Name of Contractor**

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Fill In</b>	
INSURER B: <b>Fill In</b>	
INSURER C:	
INSURER D:	
INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	<b>Fill In</b>			EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 300,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
A		AUTOMOBILE LIABILITY	<b>Fill In</b>			COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY	<b>Optional</b>			EACH OCCURRENCE	\$ 10,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000
		<input type="checkbox"/> DEDUCTIBLE					
		RETENTION \$					
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>Attach Separate sheet (See Sample)</b>			<input checked="" type="checkbox"/> WC STATUTORY LIMITS	\$ 100,000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$ 500,000
C		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

le: Street opening permit  
 The Town/Village of Harrison is named as Additional Insured.

CERTIFICATE HOLDER  
 Town/Village of Harrison  
 1 Heineman Place  
 Harrison, NY 10528

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *James J. Caputo*

TOWN ATTORNEY'S OFFICE



**New York State Insurance Fund**  
*Workers' Compensation & Disability Benefits Specialists Since 1914*

105 CORPORATE PARK DRIVE SUITE 200, WHITE PLAINS, NEW YORK 10804-3894  
 Phone: (914) 283-4871

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

**SAMPLE**

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POLICYHOLDER		CERTIFICATE HOLDER TOWN OF HARRISON AND VILLAGE OF HARRISON 1 HEINEMAN PLACE HARRISON NY 10828	
POLICY NUMBER	CERTIFICATE NUMBER	PERIOD COVERED BY THIS CERTIFICATE	DATE

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1370380-8 UNTIL 10/14/2007, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 10/14/2007 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

*Vincent M. Scaville*

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790

U-26.3 VALIDATION NUMBER: 286482888

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



TOWN OF HARRISON  
VILLAGE OF HARRISON



ALFRED F SULLA, JR MUNICIPAL BUILDING  
1 HEINEMAN PLACE  
HARRISON, NEW YORK. 10528

Telephone: (914) 670-3101  
Fax: (914) 835-2387

ROBERT G. WASP, P.E.  
*Commissioner of Public Works*

**ALL CONTRACTORS MUST PROVIDE THE TOWN OF HARRISON AND VILLAGE OF HARRISON  
WITH THE FOLLOWING HOLD HARMLESS CLAUSE:**

The following Indemnification Agreement shall be, and is hereby, a provision of the contract:

"The Contractor agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character, and in any jurisdiction, in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, and all such claims, etc., relating to personal injury, death, damage to property, defects in material workmanship, actual or alleged infringement on any patent, trademark, copyright (or application for any thereof) or of any tangible or intangible personal property or property right or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court shall be included in the indemnity hereunder. The Contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at his sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false, or fraudulent. In any case in which indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the owner for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees."

The Contractor shall include the premium costs of these policies in the bid price of the work.

Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contractor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

THIS "HOLD HARMLESS CLAUSE" MUST BE SIGNED BY AN OFFICER OF YOUR ORGANIZATION, DATED AND WITNESSED.

ANY DEVIATIONS FROM THIS HOLD HARMLESS CLAUSE ARE NULL AND VOID, UNLESS APPROVED BY THE TOWN OF HARRISON LAW DEPARTMENT.