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AGENCY

## NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

NAMED INSURED(S)

POLICY	YNUMBER	EFFECTIVE DATE	CARRIER		NAIC CODE			
ADDENDUM INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:								
A.	Insurer  Admitted / authorized  Excess line or free trade zone							
В.	General Liability (GL) policy form							
	ISO / ISO modified							
	Other							
C.	Specific operations excluded or restricted (GL policy)	Exclusion or	restriction must not apply to th	e work being performed				
	Location:							
	Type of construction:							
	Building height:							
	Classifications [see attached declarations / endorsement]							
	Designated work [see attached endorsement]							
D.	Additional insured endorsement (GL policy)							
٠.	CG 20 10							
		00 20 33	CG 20 37 CG 2	.0 30				
E.		al insured has	primary and noncontributory co	verage				
	Yes No and no other option is available with this insurer							
F.	F. Additional insured will receive advance notice if insurer cancels (GL policy)							
	Yes No and no other option	n is available wi	th this insurer					
G.	Blanket contractual liability located in the "insured correstricted Construction within 50 ft. requires a "Yes"		•					
	Yes and no other option is available with the		No changes made					
Н.	"Insured contract" exception to the employers liability	exclusion is r	emoved or modified (GL policy)	l				
	Yes and no other option is available with the	nis insurer	No changes made					
l.	GL policy (including endorsements) does not cover the subcontractors (not workers' compensation)	e additional in	sured for claims involving injur	y to employees of the nan	ned insured or			
	Yes and no other option is available with the	nis insurer	No changes made					

ADDI	ENDUM INFORMATION (continued)	AGENC	COSTOWER ID:						
	Earth movement, excavation or explosion / c	colleges / underground pr	anarty damaga ia	avaluded or restricted (CI	naliavi				
J.	Yes and no other option is available of the same of th		No changes		policy)				
K.	Insured vs. insured suits (cross liability in th				ed vs. named insured)				
	Yes and no other option is availa	able with this insurer	No changes	made					
L.	Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted								
	Yes and no other option is available	able with this insurer	No changes	made					
M.	Excess / umbrella policy is primary and non-	-	al insureds						
	Yes, by specific policy provision	Yes, by endorsement	No and	no other option is avai	lable with this insurer				
	AUTHORIZ	ED REPRESENTATIVE SIGNATURE			DATE (MM/DD/YYYY)				

AGENCY CUSTOMER ID: \_\_\_