

Guidelines for Obtaining a LIRR Entry Permit

Step 1: **LIRR Project:** YES _____ No _____

If no, Proceed to Step 2.

If Yes,

- 1) Provide LIRR Project Number & Project Title,
 - 2) Provide LIRR Project Manager's Name and Telephone Number,
 - 3) Contact LIRR Project Manager to manage and coordinate all property access requirements and support.
-

Step 2: **Request for Entry Permit:**

Contact: **Mr. Edward Maines**
Manager - Contracts & Agreements, Engineering Department
Long Island Rail Road, Hillside Maintenance Complex
93-59 183rd Street, Dept. 3146
Hollis, NY 11423

Tele: (718) 558-3536
Email: emaines@lirr.org

Provide:

- 1) **On Company letterhead;** Company Name, Address, **Principal of Company (President or VP)**, Contact Person's Name, Title, & Telephone #'s, email address,
- 2) Authority for whom the work is being performed (NYC or NYS DOT, County, Utility Company, etc.), if applicable,
- 3) Contract Number assigned by the above Authority, for the work to be performed,
- 4) Full Description of work (detailed scope of work), and location of where the will be performed (street address, cross streets, town, county, etc)
- 5) Additional information that may clarify the working limits and any interference to LIRR operation (i.e. drawings, surveys, crane calculations, etc.)
- 6) Amount of time necessary to complete the work and anticipated period of performance.

After reviewing the Entry Permit request / submittal package for completeness, a copy of the LIRR Entry Permit will be prepared, scanned and forwarded to the requestor for signature. **Upon receipt, the requestor must review, sign, scan, and return the permit and all required insurance documents, to the Manager of Contracts & Agreements, and proceed to Step 3.**

Step 3: **Insurance Submittal:**

Contact: **Ms. Priscilla Yen**
Standards & Enforcement & Claims Analyst
MTA Risk & Insurance Management
2 Broadway, New York, NY 10004

Tele: (646) 252-1437
Fax: (646) 252-1434
Email: pyen@mtahq.org

Upon receipt, review, and approval of all insurance requirements / documents submitted by the requestor to the MTA Standards & Enforcement & Claims Analyst, the Manager of Engineering Contracts & Agreements will execute and forward a copy of the Entry Permit agreement to the requestor, and the requestor shall proceed to Step 4.

Step 4: ******* If this is an LIRR Project, Contact the LIRR Project Manager *******

If not:

Contact: **Mrs. Donna L. Dill, PE**
LIRR Civil Design & Inspection
Engineer of Structures - Civil Inspection, Engineering Department
Long Island Rail Road, Hillside Support Facility
93-59 183rd Street, Dept. 3143, Hollis, NY 11423

Tele: (718) 558-3218
Fax: (718) 558-3298
Email: ddill@lirr.org

Provide:

- 1) A copy of the executed Entry Permit (signed by LIRR and requestor)
- 2) Original signed copies of Evidence of Insurance - submitted in the proper format
- 3) Items 1 through 6 from Step 2

Upon review of all documents, and obtaining appropriate confirmation from MTARIM that all insurances have been reviewed and approved, and that the Entry Permit agreement has been fully executed, a Field Inspector will be assigned to coordinate activities associated with the project, such as arranging for appropriate flag protection, RWP Training and request for mark-out of LIRR assets.

*** It should be noted that the requestor must not alter the documents or take exception to the LIRR Entry Permit Terms and Conditions. Failure to follow the Guidelines described herein may result in the cancellation of the Entry Permit Agreement.**

Long Island Rail Road

GENERAL REQUIREMENTS FOR PROJECTS ADJACENT TO LIRR PROPERTY WITH POTENTIAL TO IMPACT LIRR SAFETY AND OPERATIONS

- Attached are "General Requirements for Outside Contractors Working on LIRR Property". These requirements apply to this project. Entry Permit requires an outside agency or contractor to reimburse the LIRR for all project costs (i.e. Flag Protection, Project engineers, Inspectors, etc.)
- Shop drawings and calculations detailing sheeting must be submitted prior to excavation, which may impact the stability of adjacent embankment supporting our tracks. Shop drawings and calculations to include the original seal and signature of a NYS Licensed Professional Engineer. Shheeting to be designed for Cooper E-80 Axel Loading as per the American Railway Engineering and Maintenance of Way Association.
- Fouling of LIRR Track includes work within 15 ft. of or along LIRR tracks. This also includes operation of equipment or any part of equipment (i.e. crane booms) which could fall onto or within six (6) feet of LIRR tracks.
- All parties are notified that fouling LIRR track without LIRR flag protection being present is a violation of Federal Law.
- **CRANES**
 - Crane operation must maintain at least fifteen (15) feet vertical and horizontal separation from overhead LIRR High Tension Lines. If overhead power lines from outside agencies are supported from LIRR High tension poles, a letter from that agency must be submitted to the LIRR stating their vertical and horizontal separation requirements.
 - The following conditions apply for operating cranes with booms of sufficient length to fall onto or within six (6) feet of LIRR tracks.
 - Crane information must be submitted to the LIRR for review, including proposed location of crane, proposed boom angle and loading diagram indicating that the crane is capable of supporting 150% of load to be lifted. Loading diagram to include original seal and signature of NYS Licensed Professional engineer.
 - LIRR flag protection must be on site. Crane operations will generally be restricted to 10:00 am to 3:00 pm daily.
 - Crane operator or one (1) construction supervisor who will be on the site full time must be trained and verified in Roadway Worker Protection.
 - Crane operations must follow the direction of LIRR flagmen and face boom parallel to our track when ordered to do so.

Procedure Number: 3rd Party – 3

Title: Adjacent

Revision: 3

Date: 03/23/17

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Long Island Rail Road

GENERAL REQUIREMENTS FOR OUTSIDE CONTRACTORS WORKING ON LIRR PROPERTY

- Obtain Entry Permits. Call LIRR Manager – Engineering Contracts, Agreements and Materials at 718-558-3356.
- Obtain required Railroad Protective Liability Insurance and submit original signed insurance documents to the MTA Risk and Insurance Management, call 646-252-1429.
- All contractor personnel whose duties include working on, within fifteen (15) feet of or above railroad tracks or operating equipment (i.e. cranes) on or near railroad tracks shall attend annual Roadway Worker Protection (RWP). Call LIRR Training Department at 718-558-3100 to schedule.
- Two (2) weeks prior to start of construction call Managing Engineer – Civil Inspection at 718-558-3218.

Procedure Number: 3rd Party – 3

Title: General

Revision: 2

Date: 03/13/12

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NOTES:

STRUCTURES MUST NOT BE LOCATED NEARER TO TRACK THAN THE CLEARANCES SHOWN. THESE CLEARANCES AND THESE DISTANCES SHOULD BE EXCEEDED WHERE POSSIBLE.

MINIMUM CLEARANCES

FOR TANGENT TRACK SHALL BE SHOWN ON THIS PLAN. FOR CURVED TRACK ABOVE TOP OF RAIL

ARE THE SAME AS SHOWN FOR TANGENT TRACK MEASURED VERTICALLY FROM THE HIGH FREIGHT PLATFORMS. THE HEIGHT OF WHICH SHALL BE MEASURED FROM TOP OF NEAREST RAIL.

ON THE OUTSIDE OF CURVED TRACK. SIDE CLEARANCES SHALL BE MEASURED HORIZONTALLY AND BE INCREASED BY 1 INCH PER DEGREE OF CURVATURE, OVER THAT SHOWN FOR TANGENT TRACK.

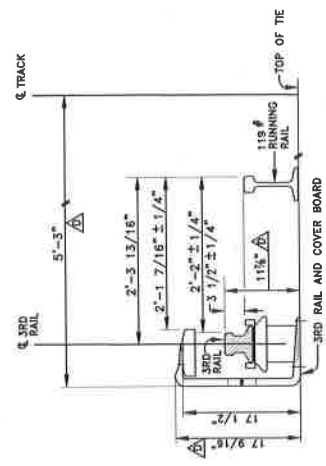
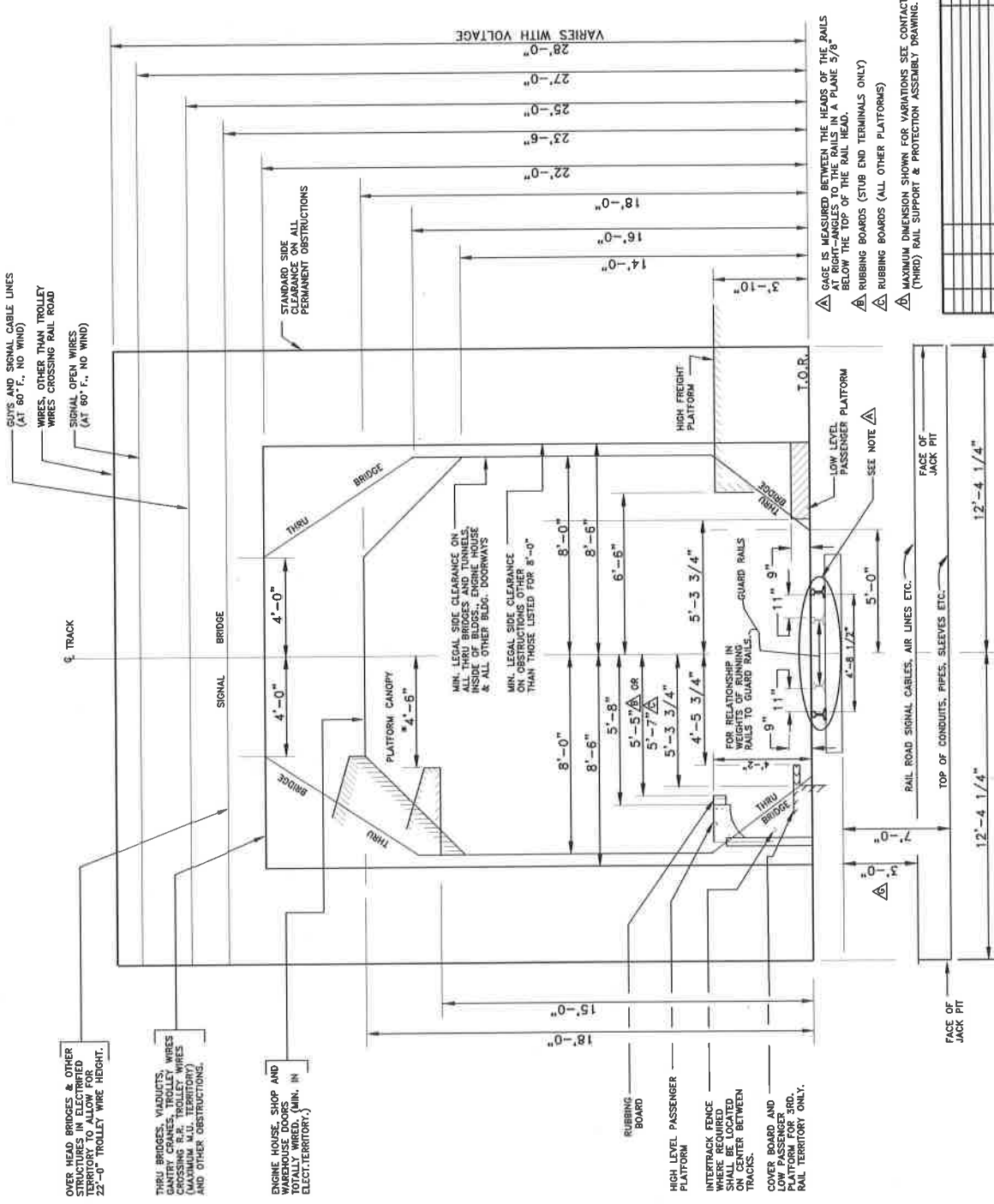
ON THE INSIDE OF CURVED TRACK SIDE CLEARANCES SHALL BE FROM THE GAGE OF NEAREST RAIL AND BE INCREASED BY 1 INCH PER DEGREE OF CURVATURE, OVER THAT SHOWN FOR TANGENT TRACK. THESE CLEARANCES MUST ALSO BE ADDED TO THE AMOUNT OF SUPER ELEVATION OF THE HIGH RAIL ABOVE THE LOW RAIL.

CLEARANCE REQUIREMENTS SET FORTH ON THIS PLAN SHALL BE MAINTAINED THROUGHOUT THE LIFE OF THE STRUCTURES AND TRACKS CONSTRUCTED PRIOR TO APRIL 1st, 1961. THEY MAY BE MAINTAINED AND EXTENDED AT THE EXISTING CLEARANCE.

- MIN. C TO C DISTANCE FOR PARALLEL MAIN TRACKS - 13'-6" C TO C
- ALL TRACKS PARALLEL TO MAIN OR PASSING TRACKS - 15'-0" C TO C
- LAID OUT TRACKS TO ADJACENT TRACKS - 18'-0" C TO C
- PARALLEL TRACKS TO ADJACENT TRACKS - 18'-0" C TO C
- PARALLEL TEAM TRACKS AND HOUSE TRACKS - 15'-6" C TO C

RESTRICTIONS AGAINST RIDING ON THE SIDE OR TOP OF TRACKS ARE LISTED IN THE CURRENT TIME-TABLE UNDER SPECIAL INSTRUCTIONS.

CLEARANCE IS MEASURED FROM THE BOTTOM OF THE TRACK



NOTE: THIS DRAWING IS A REDRAFTING OF DWG. NO. 820-10. DATED: 6-30-72

NO.	DATE	BY	CHKD.	DESCRIPTION
1	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
2	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
3	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
4	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
5	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
6	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
7	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
8	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
9	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
10	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
11	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
12	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
13	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
14	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
15	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
16	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
17	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
18	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
19	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
20	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION

LONG ISLAND RAIL ROAD

MINIMUM RAILWAY CLEARANCES

A

NOTE: THIS DRAWING IS A REDRAFTING OF DWG. NO. 820-10. DATED: 6-30-72

SCALE: 1" = 10'-0"

DATE: 6-30-72

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6	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
7	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
8	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
9	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
10	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
11	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
12	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
13	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
14	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
15	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
16	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
17	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
18	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
19	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION
20	10/1/61	W. J. RAY	W. J. RAY	ISSUED FOR CONSTRUCTION

**MTA GUIDELINES for INSURANCE SUBMISSION &
GENERAL INSTRUCTIONS FOR COMPLETING ACORD FORMS**

APPLICABLE TO ALL MTA/AGENCY AGREEMENTS

Policies must be written by carriers with an AM Best rating of A-/VII or better to be acceptable to the MTA & its agencies.

I. INTRODUCTION

This instruction sheet details mandatory acceptance guidelines for providing evidence of insurance to the MTA. It is divided into three parts:

- I. **the Introduction – page 1**
- II. **General Insurance Requirements (Highlights Only), (pages 1-2)**
- III. **Specific Requirements for completing ACORD forms 25, 101 and 855 (pages 3-4)**

Read this document carefully and comply with all requirements outlined herein. You must also read your agreement for specific insurance requirements.

A. Initial Insurance

Before any work begins, the Contractor must submit evidence of all insurance policies to the Agency/MTA at the address provided in the Insurance Section C of the solicitation documents:

Certificates of insurance may be submitted as evidence of insurance unless otherwise noted in the Agreement. The following ACORD forms (or their equivalent) are suitable for submission of insurance:

- a. ACORD 25 (2016/03) – Certificate of Liability Insurance
- b. ACORD 101 (2008/01) – Additional Remarks Schedule
- c. ACORD 855 (2014/05) – New York Construction Certificate of Liability Insurance Addendum

B. Policy expiration dates may not be within 30 days of submission unless written assurance from the authorized broker or insurer that the policy/policies will be renewed and submitted with the same terms and conditions as the certificate.

C. Renewal Insurance: Evidence of renewal insurance must be submitted electronically. It should be sent to the contract-specific email address received from Complianz™, the MTA's Certificate of Insurance Tracking System. **Do not mail hard copies to risk management.**

II. GENERAL INSURANCE REQUIREMENTS (Highlights Only. Please refer to the agreement for specific insurance requirements):

A. . Workers' Compensation –

- The New York State Insurance Fund form is acceptable.
- If a company is located out of state, an "Other States" endorsement is required.
- Exempt organizations may provide the approved CE-200 or documentation from their accountant or attorney confirming their exempt status.

B. General Liability (refers to primary and umbrella/excess liability policies)

- The General Liability policy shall provide coverage no less broad than that of the current ISO Commercial General Liability Insurance policy (Occurrence Form, number CG 00 01).
- The policy shall not contain any contractual exclusion relative to Labor Laws or any other exclusions or limitations directed toward any types of projects, materials or processes involved in the contract.
- The umbrella/excess liability policies shall be written on a “drop-down” and “following form” basis, with only such exceptions expressly approve in writing by MTA. Such insurance shall be maintained for the entire term of the contract.
- A physical copy of the required additional insured endorsements (Refer to your agreement or Solicitation document).

C. Railroad Protective Liability (RRPL)/Builder’s Risk (including Installation Floater)

- An insurance Binder must be provided pending issuance of actual policy.
- The binder must list all required “Named” and/or “Additional Named” insureds, as applicable.
- Actual policies must be submitted within 30 days from issuance of Binder.

D. Environmental Coverages (contractor or sub-contractor may provide):

- Contractor’s pollution liability coverage must be endorsed to include the additional insureds per terms of contract, and a copy of the physical endorsement must accompany the certificate of insurance.
- Pollution legal liability coverage must be Evidence can be satisfied by ONE of the following”:
 - Standalone pollution legal liability policy listing the non-owned disposal site;
 - A non-owned disposal site endorsement to the contractor’s pollution liability policy;
 - A certificate of insurance from the disposal facility adding the applicable agency/agencies as additional insured;
- The hauler must provide evidence of their business auto liability policy with copies of the MCS90 & CA9948 endorsement.

E. Joint Venture

- If the Contractor/Consultant is a joint venture, the joint venture shall provide evidence of liability insurance in the name of the joint venture.
 - If insurance is not purchased in the name of the joint venture, the member with the majority ownership interest in the joint venture must endorse its general liability policy to name the joint venture as an “Additional Named” insured.

III. SPECIFIC REQUIREMENTS FOR COMPLETING ACORD 25, 101 and 855

Certain forms have special guidelines, all of which are included in the sample forms that you will receive in your solicitation packet. Please adhere to those guidelines as you fill out ACORD 25, 101 and 855. In addition, please take note of the following special instructions:

A. For ACORD 25

This form is your certificate of liability insurance. You are required to fill out the form's fields as indicated below. (Refer to your agreement for detailed insurance requirements):

a. General Liability

- i. Indicate applicable self-insured retention for policy.
- ii. General aggregate limit must indicate whether it applies for policy, project, or location.

b. Workers' Compensation

- i. Details must be entered for USLH, Jones Act and "Other States" coverage in adjoining row of blank boxes, if applicable.
- ii. Per Statute requirements must be referenced in limits column.

c. Umbrella/Excess Policy

- i. Umbrella and Excess coverages must be denoted by corresponding checkboxes. Underlying policies are to be identified in Additional Remarks Schedule (ACORD 101) to verify adequate insurance.

d. Provide the following information in the Description of Operations/Locations section:

- i. The Contract "*reference number*" provided in solicitation and/or awarded contract: Provide ONE of the following: Purchase Order (PO No), SSE ID, Requisition (REQ ID) or Contract ID. **For example, if you are providing a Purchase Order number, your answer should say "PO #" followed by the actual number.**
- ii. Contract name: A short description of work being performed.
- iii. Contract type: Operating, Capital, Not for Benefit, Other. (Provide ONE. If you choose OTHER, please include specifics.)
- iv. List required Indemnitees per contract or on Acord 101 if additional space is needed. They can be copied from MTA website. Go to this Landing page, then follow instructions: <http://www.mta.info/vendor-insurance>

e. Certificate Holder

List the Agency for whom the work will be performed using this format:

Agency Name/MTA
(Example: New York City Transit Authority/MTA
c/o MTA Risk and Insurance Management
2 Broadway, 21st Floor
New York, NY 10004

f. Signature of Authorized Representative

For ACORD 101

Use this form to provide evidence of additional required coverages that could not be provided on ACORD 25 and other comments. For example you should innumerate that you are compliant with required policy endorsements. See instructions provided on the sample forms:

- i. List additional Comments/Indemnitees
- ii. Demonstrate that you are compliant with required policy endorsements by enumerating them here. For example, contractor's policies provided to the Additional Insureds is primary and non-contributory

FOR ACORD 855

Use this form for agreements involving construction.

- i. **Please note:** When you fill out ACORD 855, you must fill out all the requested information as indicated in red type on the sample form you. Where the "Yes" box is checked on items on the sample form, you must also be able to truthfully check "Yes" to all of the corresponding items on your form or your application will not be approved.
- ii. Attach ACORD 855 to ACORD 25 and ACORD 101, when applicable, when you make your submission.



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.

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

ADDENDUM INFORMATION CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

A. Insurer

- Admitted / authorized
- Excess line or free trade zone

Either one is acceptable:

- Admitted/authorized: Minimum AM Best Rating of A- and FSC of VII
- Excess: Above Best Rating AND be licensed/approved by NYS

B. General Liability (GL) policy form

- ISO / ISO modified
- Other

Other may be selected, if so, declaration page must be included.

Refer to RIM if any is checked. If anything is checked, exclusion must not apply to work involved in contract.

C. Specific operations excluded or restricted (GL policy)

- Location: _____
- Type of construction: _____
- Building height: _____
- Classifications [see attached declarations / endorsement]
- Designated work [see attached endorsement]

- CG 2010 with CG 2037 or equivalent
- CG 2038 with CG 2037 or equivalent

D. Additional insured endorsement (GL policy)

- CG 20 10 CG 20 26 CG 20 32 CG 20 33 CG 20 37 CG 20 38
- Other: # _____ Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- Yes No and no other option is available with this insurer

F. Additional insured will receive advance notice if insurer cancels (GL policy)

- Yes No and no other option is available with this insurer

G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted

- Yes and no other option is available with this insurer No changes made

Applicable to Railroads only.

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- Yes and no other option is available with this insurer No changes made

I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)

- Yes and no other option is available with this insurer No changes made

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

Yes and no other option is available with this insurer No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

Yes and no other option is available with this insurer No changes made

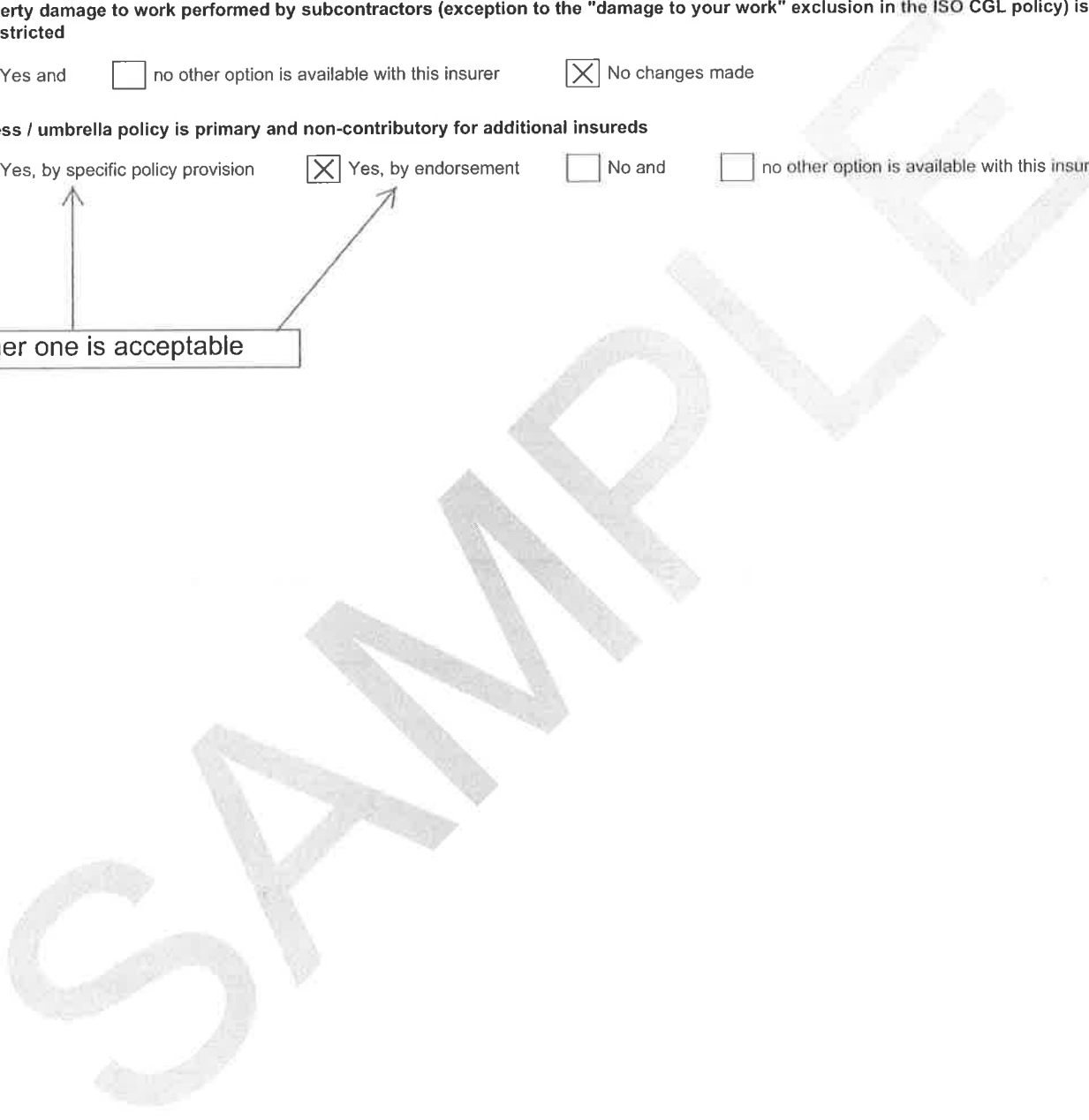
L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

Yes and no other option is available with this insurer No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

Yes, by specific policy provision Yes, by endorsement No and no other option is available with this insurer

Either one is acceptable



AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)



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 have ADDITIONAL INSURED provisions or 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):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NA/C #
	INSURER B:	
	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 INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR SIR _____ GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
	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	N/A				<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$</td> </tr> </table>	PER STATUTE	OTHER		E.L. EACH ACCIDENT		\$	E.L. DISEASE - EA EMPLOYEE		\$	E.L. DISEASE - POLICY LIMIT		\$
PER STATUTE	OTHER																		
E.L. EACH ACCIDENT		\$																	
E.L. DISEASE - EA EMPLOYEE		\$																	
E.L. DISEASE - POLICY LIMIT		\$																	
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>Indicate Agreement Reference Type and #: (Provide ONE of the following: PO No., SSE Id, Req Id or Contract Id) For e.g. If this is a SSE, you would write SSE xxxxxxxx</p> <p>Indicate Agreement Name: Indicate Agreement Type: Operating / Capital / NFB / Other(Please Specify)</p>																			

Indicate applicable SIR amount

In row of blank boxes, enter details for Workers Comp/Employers' Liability (USLH, Jones Act, Other States, etc.) when applicable

CERTIFICATE HOLDER <u>Agency / MTA</u> c/o MTA Risk and Insurance Management 2 Broadway, 21 st Floor New York, NY 10004	CANCELLATION 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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ___ of ___

AGENCY		NAMED INSURED	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

To Be Completed

To Be Completed

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: _____ FORM TITLE: _____

Indicate Additional Coverages per Insurance Schedule:

<u>Carrier Name</u>	<u>NAIC #</u>	<u>Coverage</u>	<u>Policy Eff Date</u>	<u>Policy Exp Date</u>	<u>Limits of Liability</u>
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List Additional Comments / Indemnities:

Note : Please refer to this link: <http://wp1.mtahq.org/mta/procurement/vendor-insurance.htm> to copy the Indemnities for your contract.