

## Insurance Forms

Evidence of insurance **MUST** be submitted on the ACORD Certificate of Liability Insurance Form (ACORD 25) and NYS required Workers' Compensation/NYS Disability Insurance forms. The certificates:

- **MUST** be signed by an authorized representative of the insurance carrier or producer authorized to write coverage in the State of New York
  - Excess Line, or non admitted carriers are **NOT** permitted \*
- **MUST** disclose any deductible, self-insured retention or aggregate limit
- **MUST** indicate the Additional Insureds and Named Insureds on the form
  - An additional insured endorsement CG 20 10 11 85 or equivalent is provided
  - Additional Insureds must include the State of New York, State University of New York, and State University Construction Fund
- **MUST** make reference to the project, contract or agreement number on the form

SUNY will accept insurance forms by electronic submission to the campus representative identified as the designated contact within the IFB or RFQ.

- All attachments must be in adobe .pdf format
- ACORD Forms will only be accepted if the email is sent directly by the insurance company, agent or broker to the designated contact
- Insurance forms received via email by the Campus from, or forwarded by consultants and contractors will not be accepted
- Disability and Worker's Compensation forms may be emailed by consultants, contractors, agents or carriers to the designated contact
- The campus representative reviewing the certificate will take reasonable steps to verify that the email is from an authorized insurance company, agent or broker. For example, the domain (e.g. "@insurance broker.com") may be verified on the NYS DFS insurance licensing public website where the brokers email address and license number can be found.

SUNY's Insurance Checklist must be completed by the campus representative responsible for reviewing insurance certificates, and kept as part of the procurement record.

### **Required documentation includes:**

1. ACORD 25 - Certificate of Liability Insurance Form
2. NYS-required Workers' Compensation/NYS Disability Insurance Forms
3. SUNY Insurance Checklist (see page 3 of this form)

The Council of Contracting Agencies is developing guidance to state agencies on the ACORD 855 NY - Construction Certificate of Liability Addendum form. Once guidance is available SUNY will provide information and training on how to use and review the ACORD 855 form, and it will be added as an insurance requirement for SUNY's construction contracts.

### **Expiration and Renewal of Insurance Policies:**

If any policies will expire during the term of the agreement, the campus representative responsible for reviewing insurance certificates must request proof of renewal 30 days prior to the expiration of the insurance policy. At that time, if

proof of renewal or replacement of coverage has not been received, the campus will send a letter to the Contractor stating that the Agency requires receipt of a new Certificate of Insurance before the existing coverage expires.

\*In the event that insurance cannot be obtained from an insurance company authorized to write coverage in the State of New York the campus may consider the use of an excess line or non admitted carrier only if the following conditions are met.

- The insurance agent or broker has provided written evidence of no less than five requests for insurance quotes made to insurance carriers authorized to write coverage in the State of New York, and has provided copies of the written responses from those insurance carriers indicating those carriers are declining to offer coverage.
- The insurance agent or broker has provided an excess line insurance affidavit (Form - Exhibit A.10 of the Council of Contracting Agencies Insurance Procedure Manual).
- Campus Counsel has approved such documentation.

**Notice of a potential claim:**

When a campus learns of a potential lawsuit, whether by receipt of a communication or pleading from a private attorney or by a communication from the Office of the Attorney General, it should immediately identify any applicable insurance and notify all applicable insurance carrier(s) of the potential lawsuit. This notification needs to be done even if the accident or incident was previously reported to the same carrier or carriers.

In addition, upon receipt of a Notice of Intention, Claim, Summons with Notice, or Complaint or letter threatening litigation, the campus must notify Albany Claims Bureau or the New York City Claims Bureau of the Office of the Attorney General, depending where the incident occurred. Provide proof of insurance coverage and notification to the applicable insurance company(s).

Liability insurance policies typically have two notification provisions. The first is notification of an incident, i.e., the insurance company requires that it be notified of an accident or incident at the time of or shortly after it occurs. The second notification is that of a potential or existing lawsuit. Both notification provisions require the insurance company to be notified as soon as "reasonably practical" or as set forth in the policy. Campuses should establish procedures for identifying any applicable insurance and providing written notice to all applicable insurance carriers of situations causing potential claims. Failure to notify the insurance company under one or both of these required notification provisions allows the insurance company to argue denial of coverage. Campuses should also, in consultation with campus counsel, establish a process for preserving evidence.

**INSURANCE REVIEW CHECKLIST**

*Risk Management Review Checklist for Insurance Certificates  
For Construction and Construction Related Consultant Services Contracts*

Name of Contractor/Professional/Vendor \_\_\_\_\_

Project Name \_\_\_\_\_

Contract # \_\_\_\_\_ Project # \_\_\_\_\_ Date Contract Rec'd \_\_\_\_\_

Contract Type: \_\_\_\_\_ Construction \_\_\_\_\_ Design \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Insurance Requirements:	Standard per SUNY Contract	Yes _____	No _____
	Environmental Liability Coverage required	Yes _____	No _____
	Renewal Certificates	Yes _____	No _____

**Insurance Carriers Licensed in NYS** (*Rating must be A- or better*)

- Carrier A Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Carrier B Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Carrier C Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Carrier D Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Carrier E Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Worker's Comp Carrier Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_
- Disability Carrier Yes \_\_\_\_\_ No \_\_\_\_\_ Rating \_\_\_\_\_

**Per the Certificate(s) provided, the following insurance is in compliance with the contract documents:**

- |   | <u>Initials</u>    | <u>Date</u>         |
|---|--------------------|---------------------|
| • General Liability   | _____              | _____               |
| ○ Additional Insureds include the State of New York, State University of New York, and State University Construction Fund |                    |                     |
| ○ Occurrence based policy   |                    |                     |
| ○ Limits are adequate   |                    |                     |
| • Automobile Liability (Endorsements included)  | _____              | _____               |
| • Excess/Umbrella Liability   | _____              | _____               |
| • Workers' Compensation and Disability  | _____              | _____               |
| ○ SUNY is listed as certificate holder  |                    |                     |
| ○ Campus verified coverage on the Workers Compensation Board Website  |                    |                     |
| ○ Endorsements of the policy are included   |                    |                     |
| • Builder's Risk (for Construction)   | _____              | _____               |
| • Owners Protective Liability (for Construction)  | _____              | _____               |
| ○ SUNY is listed as a named insured   |                    |                     |
| • Asbestos (where applicable)   | _____              | _____               |
| ○ Limits are in addition to required CGL/Excess Limits  |                    |                     |
| ○ Limits match the contract,  |                    |                     |
| ○ SUNY is a named insured   |                    |                     |
| • Professional Liability (for architecture and engineering)   | Per Claim \$ _____ | Deductible \$ _____ |

\_\_\_\_\_  
Name and signature (Campus Representative)

\_\_\_\_\_  
Date Reviewed

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**BUILDERS RISK INSURANCE BREAKDOWN**

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

Title of Project:  
Location of Project:  
Project No.:Name of Contractor:  
Address of Contractor:  
Estimated Completion Date:

Contract Amount: \$ \_\_\_\_\_

Non-insurable items  
(amounts to be determined from Contractor's  
approved breakdown):

1. Cost of the contractor's Performance and Labor and Materials Bonds \$ \_\_\_\_\_
2. Cost of trees, shrubbery, lawn grass, plants and the maintenance of same \$ \_\_\_\_\_
3. Cost of demolition \$ \_\_\_\_\_
4. Cost of excavation
5. Cost of foundations, piers or other supports which are below the undersurface of the lowest basement floors, or where there is no basement, which are below the surface of the ground. Concrete and Masonry Work \$ \_\_\_\_\_
6. Cost of Underground flues, pipes or wiring \$ \_\_\_\_\_
7. Cost of earthmoving, grading, and the cost of paving, roads, walks, parking lots and athletic fields \$ \_\_\_\_\_
8. Cost of bridges, tunnels, dams, piers, wharves, docks, retaining walls and radio and/or television towers and antennas \$ \_\_\_\_\_

Total Non-insurable items: \$ \_\_\_\_\_

Amount of Builder's Risk Insurance to be procured: \$ \_\_\_\_\_