



---

## Insurance Certification

Your insurance representative must complete the form below in order to be considered for the award of this bid, and it is important that you complete the *Bidder's Acknowledgment* section of this form. Please note that a certificate of insurance must accompany your bid submission in order for your bid to be considered.

### Insurance Representative's Acknowledgment:

We have reviewed the insurance requirements set forth in the bid and are capable of providing such insurance to our insured in accordance with such requirements in the event the contract is awarded to our insured and provided our insured pays the appropriate premium.

Insurance Representative: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Are you an agent for the companies providing the coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_  
Insurance Representative

### Bidder's Acknowledgment:

I acknowledge that I have received the insurance requirements of this bid and have considered the costs, if any, of procuring the required insurance and will be able to supply the insurance required in accordance with the bid, if it is awarded. I understand that a certificate of insurance must be submitted with my bid; and if it is not, Western Suffolk BOCES may reject my bid and award to the next lowest bidder.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Bidder's Signature



---

### Insurance Certification

1. The vendor hereby agrees to effectuate the naming of Western Suffolk BOCES, its Board members, and employees as an unrestricted additional insured on the vendor's insurance policies, with the exception of workers' compensation, with no responsibility for payment of premium by Western Suffolk BOCES.
2. The vendor's policies will:
  - Be an occurrence form of insurance policy from an A.M. Best rated "A" "secured" or better and licensed to conduct insurance business in New York State. Insurers otherwise authorized to conduct business in New York may be accepted at Western Suffolk BOCES' discretion;
  - Provide for 30 days notice of cancellation;
  - State that the insured's coverage will be primary and non-contributory coverage for Western Suffolk BOCES, its Board, employees and volunteers;
  - Name Western Suffolk BOCES as an additional insured by using ISO endorsement CG 2026, CG 20 10 11 85, its equivalent or broader. ISO endorsement CG 2026, CG 2010 11 85 or equivalent must accompany certificate and reflect that BOCES has been added to the policy by endorsement. Example of equivalent ISO additional insured endorsements include using both CG 20 33 10 01 and CG 20 37 10 01 together. The certificate of insurance must state that this endorsement is being used, and a copy of the endorsement must be attached to the certificate of insurance. **Additional insured status must be provided for both on-going AND completed operations and the vendor agrees to provide endorsement(s) for both if the CG 20 10 11 85 is not used.**
3. The vendor agrees to indemnify and save harmless Western Suffolk BOCES from all cost, expense, or liability to the extent permitted by law arising out of the operations performed hereunder including, without limitation of, the foregoing acts of the vendor's employees. In addition, the vendor agrees to indemnify Western Suffolk BOCES for any applicable deductibles and self-insured retentions.
4. Required Insurance:
  - **Commercial General Liability Insurance**  
\$1,000,000 per occurrence/\$2,000,000 general and products/completed operations aggregates. The general aggregate shall apply on a per-project basis. The certificate of insurance must describe the specific services provided by the contractor (e.g., roofing, carpentry, plumbing) that are covered by the liability policies.
    - i. Bodily/Personal Injury: \$1,000,000 per occurrence
    - ii. Property Damage: \$1,000,000 per occurrence
  - **Automobile Liability**

\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.

- **Workers' Compensation**

Statutory Workers' Compensation, Employers' Liability Insurance and NYS Disability Benefits Insurance for all covered employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board on form C-105-2.

- **Owners Contractors Insurance Protection** (For contracts in excess of \$200,000)

- i. \$1,000,000 per occurrence/\$2,000,000 aggregate with the district as the named insured

- **Excess Insurance**

\$3,000,000 each Occurrence and Aggregate. Excess coverage shall be on a follow-form basis.

5. Excess liability limits over and above the preceding are recommended.
6. The insurance producer must indicate whether or not they are an agent for the companies providing the coverage.
7. If subcontracting is permitted in the bid specifications, the vendor will ensure compliance of these requirements by all subcontractors employed by the vendor and the subcontractor must provide evidence of same.
8. The vendor agrees that Western Suffolk BOCES will not be responsible for any loss or damage whatsoever to property of the vendor or subcontractor.
9. Western Suffolk BOCES will be the sole judge in determining the acceptability of insurance requirements.

The vendor acknowledges that failure to obtain such insurance on behalf of Western Suffolk BOCES constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to Western Suffolk BOCES. The vendor will provide Western Suffolk BOCES with a certificate of insurance, evidencing the above requirements have been met prior to the commencement of work. The failure of Western Suffolk BOCES to object to the contents of the certificate or the absence of same will not be deemed a waiver of any and all rights held by Western Suffolk BOCES.

Both of the above documents must be submitted (where they will remain on file) to the following address prior to the beginning of service:

Purchasing Department  
Western Suffolk BOCES  
507 Deer Park Road  
PO Box 8007  
Huntington Station, NY 11746

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

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_