

INSURANCE REQUIREMENTS

Village of Northport
Book for Windows

CODE OF THE VILLAGE OF NORTHPORT, NEW YORK, v32 Updated 11-15-2008 / PART II GENERAL LEGISLATION / Chapter 219, PLANNING BOARD / ARTICLE IV, Approval of Site Plans [Amended 11-6-1963; 3-17-1976 by L.L. No. 2-1976; 12-21-1976 by L.L. No. 16-1976; 9-6-1977 by L.L. No. 17-1977; 8-5-1980 by L.L. No. 6-1980; 10-3-1989; 8-17-1999 by L.L. No. 12-1999; 4-17-2001 by L.L. No. 4-2001; 11-6-2006 by L.L. No. 10-2006] / § 219-24. Liability insurance.

§ 219-24. Liability insurance.

A. Prior to the issuance of the building permit, the owner shall obtain a public liability policy in an amount commensurate with the size, degree of difficulty of construction and risks inherent in the construction of the proposed building or alteration, as determined by the Planning Board, but at a minimum, the insurance requirements for independent contractors obtaining a permit to work within the Village shall be as set forth below. The Village shall be named as additional insured on this policy.

B. The contractor shall maintain at a minimum the following giving evidence of same to the owner in the form of certificates of insurance or copies of policies. The insurance carrier must be New York State licensed carrier with A.M. Best Rating of at least A IX. All subcontractors must adhere to workers' compensation, comprehensive liability, umbrella liability and auto liability and provide 30 days' notice of cancellation or material change.

(1) Worker's compensation and New York State disability:

(a) Coverage: statutory.

(b) Extensions:

[1] Voluntary compensation.

[2] All states coverage employers.

[3] Employers liability: unlimited.

(2) Commercial general liability:

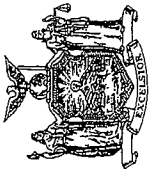
(a) Coverage, occurrence: 1988 ISO or equivalent.

(b) Limits:

[1] General aggregate: \$2,000,000.

[2] Products-Comp/Ops Aggreg.: \$1,000,000.

- [3] Personal and advert. injury: \$1,000,000.
 - [4] Each occurrence: \$1,000,000.
 - [5] Fire damage (any one fire): \$50,000.
 - [6] Medical expenses (any one person): \$5,000.
 - [7] Or such other limits as may be set from time to time by the Board of Trustees.
- (c) Additional insured: municipality using ISO form CG2012 or equivalent.
 - (d) Special: hold harmless as per sample or equivalent.
- (3) Automobile insurance:
- (a) Coverage: standard New York policy insuring all owned, hired and nonowned vehicles.
 - (b) Limits (minimum limit): \$1,000,000 CSL.
 - (c) Additional insured: municipality.
 - (d) Or such other limits as may be set from time to time by the Board of Trustees.
- (4) Umbrella liability (recommended):
- (5) Sample hold-harmless agreement/contractor. The contractor shall indemnify and hold the municipality harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of or resulting from the permit holders operations within the municipality, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.



Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of
(Legal Entity Name and Address):

JOHN SMITH
123 MAIN STREET
ALBANY, NY 12207
111-111-1111
Federal ID Number: XXXXX6789

Business Applying For:
BUILDING PERMIT

From: CITY OF ALBANY, DEPT OF BUILDING AND CODES

The location of where work will be performed is
123 ACME AVENUE, ALBANY, NY 12203.
Estimated dates necessary to complete work associated with the building permit are from **October 14, 2008 to March 31, 2009.**
The estimated dollar amount of project is **\$25,001 - \$50,000**

Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:
The business is owned by one individual or is a partnership (LLC, LLP, PLLP or a RLLP) under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock) or is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, JOHN SMITH, am the Sole Proprietor with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity: disability benefits coverage and also immediately **THIS IS A NEW FORM READ. BY NYS COMP. BOARD.** the government entity listed above.

SIGN HERE

Signature:

Date:

Exemption Certificate Number

2008-00197

Received

October 2, 2008

NYS Workers' Compensation Board

IT IS READ WHEN A CONTRACTOR STATES HE DOES NOT HAVE ANY EMPLOYEES + DOES NOT NEED TO CARRY WORKMAN'S COMP & DIS & B-11.111