



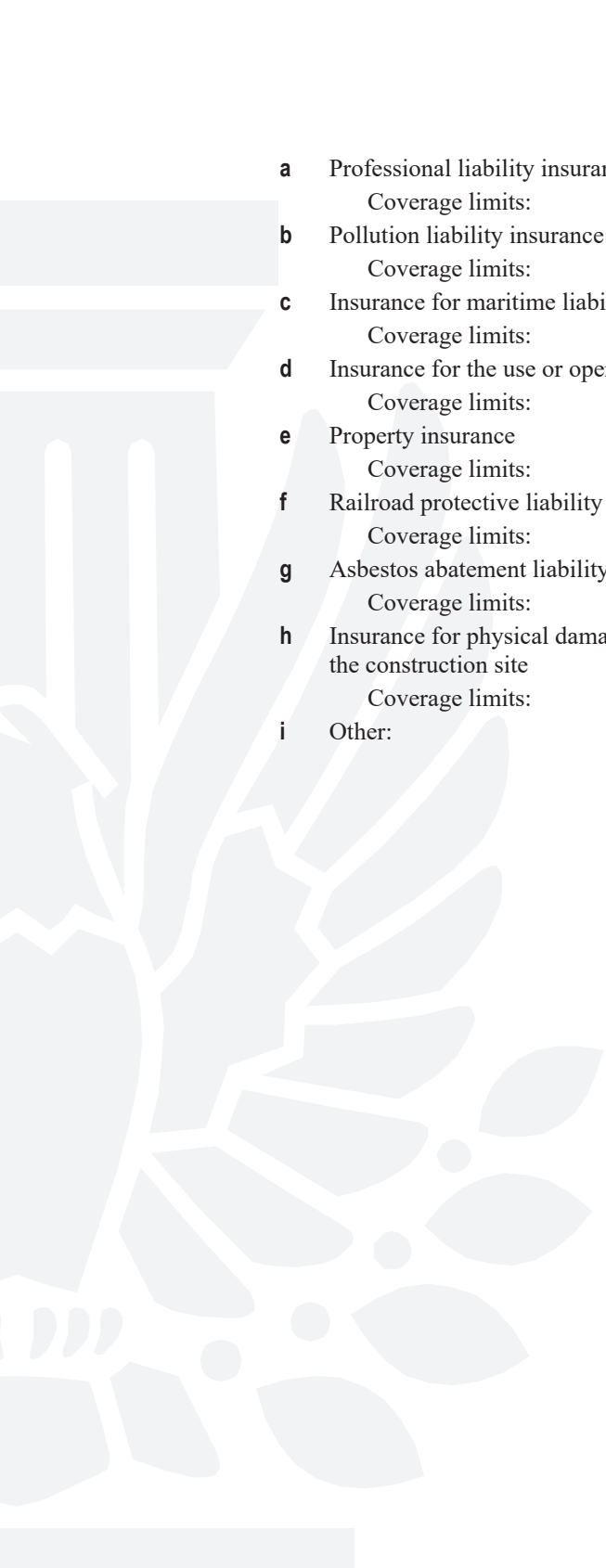
AIA®

Document G715™ – 2017

Supplemental Attachment for ACORD Certificate of Insurance 25

PROJECT: <i>(name and address)</i> Pocantico Hills CSD - Capital Improvements Phase 1A HUNT #: 3288-004 Pocantico Hills Central School District 599 Bedford Road» Sleepy Hollow, NY 10591	CONTRACT INFORMATION: Contract For: Date:	CERTIFICATE INFORMATION: Producer: Insured: Date:
OWNER: <i>(name and address)</i> Pocantico Hills Central School District 599 Bedford Road Sleepy Hollow, NY 10591	ARCHITECT: <i>(name and address)</i> Hunt Engineers, Architects, Land Surveyors & Landscape Architect, DPC Airport Corporate Park 100 Hunt Center Horseheads, NY 14845	CONTRACTOR: <i>(name and address)</i>

A. General Liability		Yes	No	N/A
1.	Does this policy include coverage for:			
a	Damages because of bodily injury, sickness, or disease, including occupational sickness or disease, and death of any person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Personal injury and advertising injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Damages because of physical damage to or destruction of tangible property, including the loss of use of such property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Bodily injury or property damage arising out of completed operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	The Contractor's indemnity obligations included in the Contract Documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does this policy contain an exclusion or restriction of coverage for:			
a	Claims by one insured against another insured, where the exclusion or restrictions is based solely on the fact that the claimant is an insured, and there would otherwise be coverage for the claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	Claims for property damage to the Contractor's Work arising out of the products-completed operations hazard where the damaged Work or the Work out of which the damage arises was performed by a Subcontractor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	Claims for bodily injury other than to employees of the insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	Claims for the Contractor's indemnity obligations included in the Contract Documents arising out of injury to employees of the insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	Claims for loss excluded under a prior work endorsement or other similar exclusionary language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f	Claims or loss due to physical damage under a prior injury endorsement or similar exclusionary language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g	Claims related to residential, multi-family, or other habitational projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h	Claims related to roofing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i	Claims related to exterior insulation finish systems, synthetic stucco, or similar exterior coatings or surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j	Claims related to earth subsistence or movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k	Claims related to explosion, collapse, and underground hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Other Insurance Coverage		Yes	No	N/A
1.	Indicate whether the Contractor has the following insurance coverages and, if so, indicate the coverage limits for each.			

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|----------|--|--------------------------|--------------------------|--------------------------|
| a | Professional liability insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| b | Pollution liability insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| c | Insurance for maritime liability risks associated with the operation of a vessel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| d | Insurance for the use or operation of manned or unmanned aircraft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| e | Property insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| f | Railroad protective liability insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| g | Asbestos abatement liability insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| h | Insurance for physical damage to property while it is in storage and in transit to the construction site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Coverage limits: | | | |
| i | Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Authorized Representative)

(Date of Issue)