1. **General Liability Insurance**:
2. Insurance Company: Click or tap here to enter text.
3. Policy Term (MM/DD/YYYY): Click or tap to enter a date. - Click or tap to enter a date.
4. Admitted in NY State?
[ ]  Yes [ ]  No
5. Please confirm and enter your policy limits for the following:
6. General Aggregate: Click or tap here to enter text.
7. Each Occurrence: Click or tap here to enter text.
8. Products/Completed Operations Aggregate: Click or tap here to enter text.
9. Personal & Advertising Injury: Click or tap here to enter text.
10. Damage to Rented Premises: Click or tap here to enter text.
11. Medical Expenses: Click or tap here to enter text.
12. Deductible/SIR Amount: Click or tap here to enter text.
13. Does the policy contain any exclusions for injuries to your employees and/or employees of subcontractors (NY Labor Law Exclusion/3rd party over exclusion/Action of Exclusion/Title 240/Title 241)?

[ ]  Yes [ ]  No

If yes, which ones? Please provide copy

1. Does the policy contain contractual liability coverage extending to written contracts you have with third parties?

[ ]  Yes [ ]  No

1. Does the policy contain a subcontractor or independent contractor “warranty” provision that can void or limit coverage under the policy if the policy requirements are not met? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy provide Additional Insured coverage for ongoing operations form *CG2010* or equivalent?

[ ]  Yes [ ]  No

1. Does the policy provide Additional Insured coverage for completed operations form *CG2037* or equivalent?

[ ]  Yes [ ]  No

Can you provide scheduled Additional Insured endorsements?

 Yes [ ]  No

1. Does the policy contain Primary, Non-Contributory wording for Additional Insureds on an ongoing and completed operations basis?

[ ]  Yes [ ]  No

1. Does the policy contain Waiver of Subrogation for Additional Insureds on an ongoing and completed basis?

[ ]  Yes [ ]  No

1. State the value of the Per Project Aggregate or indicate if there is none: Click or tap here to enter text.
2. Does the policy contain any exclusion or limitation for new/ground-up construction work your company performs? Provide copy

[ ]  Yes [ ]  No

1. Does the policy contain any exclusion or limitation for residential work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy have any height restriction or limitations for exterior work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy have any height restriction or limitations for interior work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy contain any classification limitation (restriction of trades/work that may be performed by the subcontractor)? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy provide coverage for work you perform in the five boroughs of NY?

[ ]  Yes [ ]  No

1. State the limit of the Hired and Non-owned Auto coverage in the GL policy, or indicate if there is none.

Click or tap here to enter text.

1. Is the policy rated on payroll? If yes, list all trade classifications included under the policy.

[ ]  Yes [ ]  No

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

1. **Umbrella/Excess Liability Insurance**:

Note: If multiple layers of Excess Liability exist, please provide the following information for each of the additional layers of liability on a separate sheet.

1. Insurance Company: Click or tap here to enter text.
2. Policy Term (MM/DD/YYYY): Click or tap to enter a date. - Click or tap to enter a date.
3. Please confirm and provide your policy limits for the following:
	1. Each Occurrence: Click or tap here to enter text.
	2. Aggregate: Click or tap here to enter text.
4. Admitted in NY State?

[ ]  Yes [ ]  No

1. Is the Excess Liability policy specifically endorsed to be primary and non contributory?

 [ ]  Yes [ ]  No

1. Does the policy contain any exclusions for injuries to your employees and/or employees of subcontractors (NY Labor Law Exclusion/3rd party over exclusion/Action or Exclusion/Title 240/Title 241)? [ ]  Yes [ ]  No

If yes, which exclusions applies?

1. Does the policy contain a subcontractor or independent contractor “warranty” provision that can void or limit coverage under the policy if the policy requirements are not met? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy provide coverage to the Additional Insured as provided by the underlying General Liability policy?

[ ]  Yes [ ]  No

1. Does the policy contain Primary, Non-Contributory wording for Additional Insureds on an ongoing and completed basis?

[ ]  Yes [ ]  No

1. Does the policy contain Waiver of Subrogation for Additional Insureds on an ongoing and completed basis?

[ ]  Yes [ ]  No

1. Does the policy contain any exclusion or limitation for new/ground-up construction work your company performs?

[ ]  Yes [ ]  No

1. Does the policy contain any exclusion or limitation for residential work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy have any height restriction or limitation for exterior work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy have any height restriction or limitation for interior work your company performs? If yes, provide a copy of this endorsement.

[ ]  Yes [ ]  No

1. Does the policy provide coverage for work you perform in the five boroughs of NY?

[ ]  Yes [ ]  No

1. Does the policy contain coverage for underlying Auto Liability?

[ ]  Yes [ ]  No

1. Does the policy contain coverage for underlying Employers Liability Policy?

[ ]  Yes [ ]  No

1. **Automobile Liability Insurance**:
2. Insurance Company: Click or tap here to enter text.
3. Policy Term (MM/DD/YYYY): Click or tap to enter a date. - Click or tap to enter a date.
4. Policy Liability Limit: Click or tap here to enter text.
5. Vehicles Symbol Insured for Liability: Click or tap here to enter text.
6. Does the policy contain blanket Additional Insured status in favor of the hiring third party when required by written contract?

[ ]  Yes [ ]  No

1. Does the policy contain blanket Primary, Non-Contributory coverage in favor of the hiring third party when required by written contract?

[ ]  Yes [ ]  No

1. **Worker’s Compensation Insurance**:
2. Insurance Company: Click or tap here to enter text.
3. What is your Experience Modification Factor (EMR): Click or tap here to enter text.
4. Policy Term (MM/DD/YYYY): Click or tap to enter a date. - Click or tap to enter a date.
5. Please confirm your policy limits for the following:
	1. Each Accident: Click or tap here to enter text.
	2. Disease Each Employee: Click or tap here to enter text.
	3. Disease Policy Limit: Click or tap here to enter text.
6. Does the policy provide coverage for NY and list NY in section 3.A?

[ ]  Yes [ ]  No

1. Does the policy provide Statutory Limits in all states the contractor will be working?

[ ]  Yes [ ]  No