

VILLAGE OF SCARSDALE DESTINATION SCARSDALE COI REQUIREMENTS & INFORMATION

What is a Certificate of Insurance?

A COI is a document used to provide evidence of insurance coverage. The certificate is a snapshot that provides verification of the insurance currently in place and typically includes the type of coverage, limits, policy term, policy number, and carrier name, among other information.

When do you need to provide a COI?

Any event hosted in cooperation with, or on the property of, the Village of Scarsdale will require a COI to be sent to the Village Manager's Office for review.

Elements of a COI:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Today's Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p style="font-size: 2em; color: red; font-weight: bold;">2</p> <p style="text-align: center;">License#:</p> <p>Village of Scarsdale 1001 Post Road Scarsdale, NY 10583 ATTN: XXXXXX</p> <p style="font-size: 2em; color: red; font-weight: bold;">1</p>	<p style="font-size: 2em; color: red; font-weight: bold;">3</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="text-align: right;">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A:</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		NAIC #		INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																							
PHONE (A/C, No, Ext):	FAX (A/C, No):																						
E-MAIL ADDRESS:																							
INSURER(S) AFFORDING COVERAGE																							
NAIC #																							
INSURER A:																							
INSURER B:																							
INSURER C:																							
INSURER D:																							
INSURER E:																							
INSURER F:																							

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INER LTR	4 TYPE OF INSURANCE	ADDL SUBR	INSR	DND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y		XXXXXXXXXX	XX/XX/2023	XX/XX/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y		XXXXXXXXXX	XX/XX/2023	XX/XX/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y		XXXXXXX	XX/XX/2023	XX/XX/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	Y	N/A	XXXXXX	XX/XX/2023	XX/XX/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Village/Town of Scarsdale, its salaried and non-salaried employees, elected or appointed official, volunteers and volunteer organizations are named as additionally insured for CGL, Auto, and Umbrella. The insurance coverages listed shall apply as primary and non-contributory of any insurance maintained by Village of Scarsdale. A Waiver of Subrogation provision in favor of Village and Town of Scarsdale is included for CGL and Auto, and WC. The umbrella or excess liability policy follow-form.

<p style="font-size: 2em; color: red; font-weight: bold;">9</p> <p>CERTIFICATE HOLDER</p> <p>Village of Scarsdale 1001 Post Road Scarsdale, NY 10583</p>	<p style="font-size: 2em; color: red; font-weight: bold;">10</p> <p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE:</p>
---	---

Elements of a COI (con't):

1. Company Name and Address: legal name and address of the insured entity.
2. Producer/Agent name and address: the insurance Agent/Broker who issues certificates.

**VILLAGE OF SCARSDALE
DESTINATION SCARSDALE
COI REQUIREMENTS & INFORMATION**

3. Carrier names: name of the insurance company providing your policy.
4. Policy type: the types of insurance required by the contract.
5. Policy Effective Date: the date the policy coverage begins.
6. Policy expiration date: the date the policy coverage ends.
7. Policy limits: the maximum amount of coverage provided for this line of insurance.
8. Denotation of additional insured and waiver of subrogation: All parties are required to add the Village of Scarsdale AND the SBA as an additionally insured entity, the “ADDL INSD” box must have a “Y” or “X” to indicate the additionally insured entity has been added and, the entity must be listed as the Certificate Holder or in the Description box. Similarly, the waiver of subrogation is required for the Village of Scarsdale AND the SBA, the “SUBR WVD” box must have a “Y” or “X” to indicate this waiver has been added and, the entity must be listed as the Certificate Holder or in the Description box.*
9. Description box: for extra details such as location, event times, and projects. Any additional insured or waiver of subrogation language can also be included here.
10. Certificate holder: entity for which the evidence of coverage is being provided**
11. Producer’s signature: signature of the Insurance Agent/Broker who issues certificates
12. Additional remarks page: if the description box or amount of policies spills over the 1st page

****Subrogation Waiver must be provided for all insurance products that allow for a waiver including, Auto, Umbrella, Commercial General Liability insurance and Workers Compensation and Employers’ Liability. Please see p.3 for information concerning workers compensation waivers.***

***** For events hosted by the Scarsdale Business Alliance, two COI’s are necessary. One COI will list Scarsdale Business Alliance as the Certificate Holder. A second COI will list the Village of Scarsdale.***

Do I need to have workers compensation insurance?

Generally speaking, workers’ comp insurance is required for all businesses in NYS but there are certain exemptions. For example, workers comp insurance is not required for partnerships, LLCs, and LLPs that do not have employees. Please review the following link to check the specific coverage requirements for your business: <https://www.wcb.ny.gov/content/main/coverage-requirements-wc/wc-coverage-required.jsp>.

How can I apply for a waiver for workers compensation insurance?

A certification of Attestation of Exemption can only be used to attest to a government entity that an application is not required to carry workers’ comp insurance. The form can be found here: https://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp. If you request an exemption for workers’ compensation insurance, you do not need the subrogation waiver for this type of insurance.

VILLAGE OF SCARSDALE
DESTINATION SCARSDALE
COI REQUIREMENTS & INFORMATION

Where do I submit my COIs?

When complete, please submit your completed COIs to the Village of Scarsdale, attention of Deputy Village Manager Stephen Shallo at sshallo@scarsdale.gov. Stephen is available to answer any questions and guide you through the process.

Hello,

Thank you for participating in Destination Scarsdale on [date]. Before you join the event, you will need to provide the following documentation:

1. Hold Harmless/Indemnification Form
 - Sign and notarize the document
 - Submit to Scarsdale Business Alliance (Attn: Samantha Reemer, ed@scarsdalebusinessalliance.com)

2. Certificate of Insurance (COI) listing the Village of Scarsdale as certificate holder
 - Submit to the Village of Scarsdale (Attn: Stephen Shallo, sshallo@scarsdale.gov)

VILLAGE OF SCARSDALE DESTINATION SCARSDALE COI REQUIREMENTS & INFORMATION

3. Certificate of Insurance (COI) listing the Scarsdale Business Alliance as certificate holder
 - Submit to the Village of Scarsdale (Attn: Stephen Shallo, sshallo@scarsdale.gov)

I have attached a sample COI which illustrates the exact way the form should be completed; your documents should have a “Y” or “X” in the same boxes as the sample document. Remember, you will need two forms (one for the Village of Scarsdale and one for the Scarsdale Business Alliance) that provide the same policy coverage.

Please review the sample COI. I have also provided important information below that will help you communicate your insurance needs with your broker.

COVERAGES		CERTIFICATE NUMBER:			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	XXXXXXXXXX	XX/XX/2023	XX/XX/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$

Ask your insurance broker to add the subrogation waiver under

Ask your insurance broker to add the Village of Scarsdale as an additionally insured

B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XXXXXX	XX/XX/2023	XX/XX/2024	X	PER STATUTE	OTH-ER	
								E.L. EACH ACCIDENT		\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT		\$ 1,000,000

You must provide proof of workers compensation liability coverage.

If you are exempt from workers compensation coverage, you will need to provide the

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Village/Town of Scarsdale, its salaried and non-salaried employees, elected or appointed official, volunteers and volunteer organizations are named as additionally insured for CGL, Auto, and Umbrella. The insurance coverages listed shall apply as primary and non-contributory of any insurance maintained by Village of Scarsdale. A Waiver of Subrogation provision in favor of Village and Town of Scarsdale is included for CGL and Auto, and WC. The umbrella or excess liability policy follow-form.

The Village requires this wording; the only exception would be to the type of insurance required. For example, if you do not have auto insurance, you are not required to list it here.

Please note there may be different insurance requirements based on the activity or product you are making available to the public. The Village will alert you if different coverage is necessary.

Do not hesitate to reach out to me with any questions or concerns. I am here to guide you through this process.

VILLAGE OF SCARSDALE
DESTINATION SCARSDALE
COI REQUIREMENTS & INFORMATION

Thank you,
Stephen