



Insurance Requirements

Dear Vendor:

Please email, fax, or mail the sample insurance certificate below to your agent for completion.

PLEASE NOTE: YOU CANNOT SET UP YOUR DISPLAY UNTIL THESE REQUIREMENTS ARE MET.

YOUR COMPANY NAME: _____

DEAR INSURANCE AGENT:

Please issue a certificate of insurance for General Liability, Workers Compensation, Auto liability and Disability for my company as per the attached sample.

e-mail to office@hbrcnyc.com. Be sure to include the dates, March 16 through March 22, 2027

CERT HOLDER: HOME BUILDERS and REMODELERS of CNY

3675 JAMES ST

SYRACUSE, NEW YORK, 13206

***Please note: HBR of CNY must be named as additional insured with a minimum of \$1 million general liability coverage.**

Purpose of this certificate is a 3-day retail show at the New York State Fairgrounds to be held March 19 through March 21, 2027

Any questions, please call the Home Builders & Remodelers of CNY at 315.463-6261



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/21/2018

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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: INSURANCE COMPANY NAME	NAIC #
	INSURER B: INSURANCE COMPANY NAME	NAIC #
INSURED	VENDOR'S NAME & ADDRESS	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: SAMPLE CERT 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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	Y	Y	POLICY NUMBER	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOD AGG \$ 2,000,000 OTHER: \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC							
	☐ AUTOMOBILE LIABILITY							
	☒ ANY AUTO ☒ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y	Y	POLICY NUMBER	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$	
	☐ UMBRELLA LIAB ☐ EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$	
	DED RETENTION \$							
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	N/A	Y	POLICY NUMBER	01/01/2018	01/01/2019	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	NY STATE DISABILITY				POLICY NUMBER	01/01/2018	01/01/2019	LIMIT STATUTORY

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

CNY Home & Garden Show 20
Home Builders & Remodelers of CNY Inc and New York State Department of Agriculture & Markets are Additional Insured on a Primary & Non-Contributory Basis on the General Liability and Auto Liability Policies. A Waiver of Subrogation is included on the General Liability and Workers Compensation policies in favor of Home Builders & Remodelers of CNY Inc and New York State Department of Agriculture & Markets. **Copies of the Additional Insured Endorsements and Waivers of Subrogation Endorsements are attached.

CERTIFICATE HOLDER	CANCELLATION
Home Builders & Remodelers of CNY Inc 3675 James Street Syracuse NY 13206	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Elhas A. Morgan</i>

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