

# 22878 Light Duty Vehicles & the New York State Auto Marketplace

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Pre-bid Conference

July 31, 2014



Andrew M. Cuomo  
Governor  
State of New York

RoAnn M. Destito  
Commissioner  
Office of General Services

# Today's Agenda

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- Overview & Timeline
- The Process
- The Website
- Break
- Q&A
- Solicitation Overview

## REMINDERS

Please mute your phone

Questions should be  
submitted to:

[SST\\_auto@ogs.ny.gov](mailto:SST_auto@ogs.ny.gov)

Vendors in the meeting  
room can submit questions  
in writing.



# Overview

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## The Vision

To bid vehicles in response to State agency and authorized user needs.

1

### THE BACKDROP CONTRACT

- Participate in requests for vehicles from Authorized Users across the State.

2

### EASY ONLINE PURCHASING

- A simple, online website where Authorized Users can post light duty auto needs and dealers on contract can respond to their request.



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# Timeline

JULY							AUGUST						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5						1	2
6	7	8	9	10	11	12	3	4	5	6	7	8	9
13	14	15	16	17	18	19	10	11	12	13	14	15	16
20	21	22	23	24	25	26	17	18	19	20	21	22	23
27	28	29	30	31			24	25	26	27	28	29	30
							31						

- Posting
- Bid Opening & Tentative Award
- Contract Awarded

## MAJOR MILESTONES

**Solicitation Release Date:** Monday July 21<sup>st</sup>

**Bid Opening Date:** Monday August 11<sup>th</sup>

**Contract Award Date:** Monday August 18<sup>th</sup>

**Reminder:** questions can be submitted to [SST\\_auto@ogs.ny.gov](mailto:SST_auto@ogs.ny.gov) or hand written



# The Process – Step 1: Get on Contract

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**The key to participating in the Auto Marketplace is to get on contract.**

## **Advantages include:**

- Participating in the first buy when you respond to this solicitation.
- Being eligible to participate in mini-bids
- Finding opportunities from all authorized users including State agencies, local government, public authorities, non-profits, etc.



# The Process – Step 2: Responding to Mini-Bids

Once on contract, dealers can participate in the mini-bid process.



# The First Buy

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## This solicitation creates a parallel track for the first buy.

- This solicitation already includes information for the first mini-bids.
- The solicitation is written so that you can:
  - Get on contract
  - Get on contract & participate in the first mini-bid
- By getting on contract now you are eligible to participate in future mini-bids until the contract expires.



# The Website

Welcome to the  
NYS Auto  
Marketplace!

**NEW YORK STATE AUTO MARKETPLACE**

▶ Information for Car Buyers    ▶ Information for Car Dealers

**CAR BUYERS**  
Submit a Request

**CAR DEALERS**  
Submit a Bid

▶ List of Current Vehicle Requests Submitted by New York State Agencies

<u>Passenger Vehicles, Office of General Services</u>	Quantity: 4	Bid Due Date: July 4, 2014	Delivery By: July 29, 2014	Request #: 1234
<u>Truck, Office of General Services</u>	Quantity: 1	Bid Due Date: July 4, 2014	Delivery By: July 29, 2014	Request #: 1234
<u>Passenger Vehicles, Office of General Services</u>	Quantity: 4	Bid Due Date: July 4, 2014	Delivery By: July 29, 2014	Request #: 1234

**NEW YORK STATE PROCUREMENT**

[About Auto Marketplace](#) | [Contract Terms & Conditions](#) | [Freedom of Information Law](#) | [Privacy Policy](#) | [Accessibility](#) | [Disclaimer](#)

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Governor, State of New York

RoAnn M. Destito  
Commissioner, Office of General Services

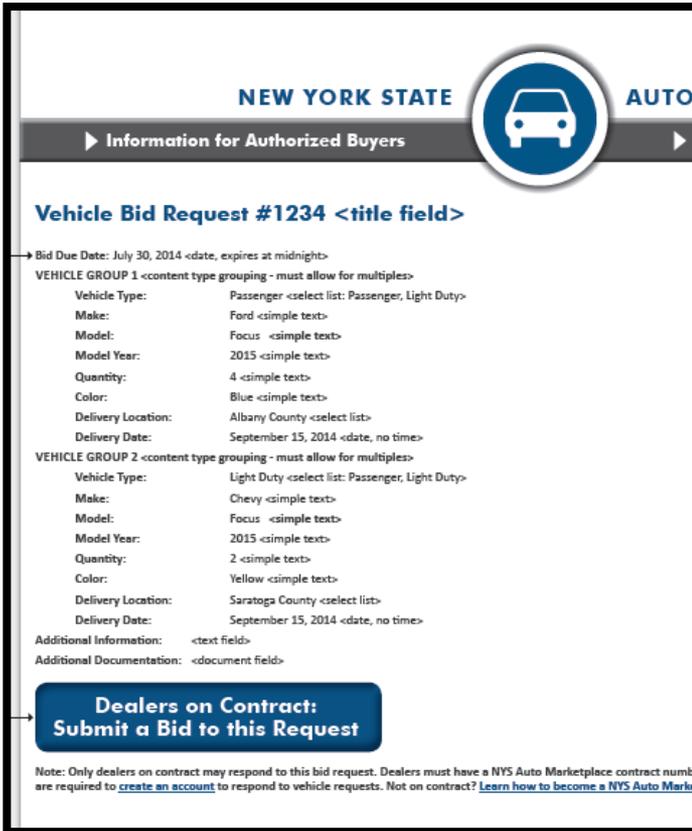
©2014 New York State Office of General Services



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# The Website

As contractors you will be able see and sort vehicle requests.



**NEW YORK STATE AUTO**

Information for Authorized Buyers

### Vehicle Bid Request #1234 <title field>

Bid Due Date: July 30, 2014 <date, expires at midnight>

**VEHICLE GROUP 1** <content type grouping - must allow for multiples>

Vehicle Type: Passenger <select list: Passenger, Light Duty>  
 Make: Ford <simple text>  
 Model: Focus <simple text>  
 Model Year: 2015 <simple text>  
 Quantity: 4 <simple text>  
 Color: Blue <simple text>  
 Delivery Location: Albany County <select list>  
 Delivery Date: September 15, 2014 <date, no time>

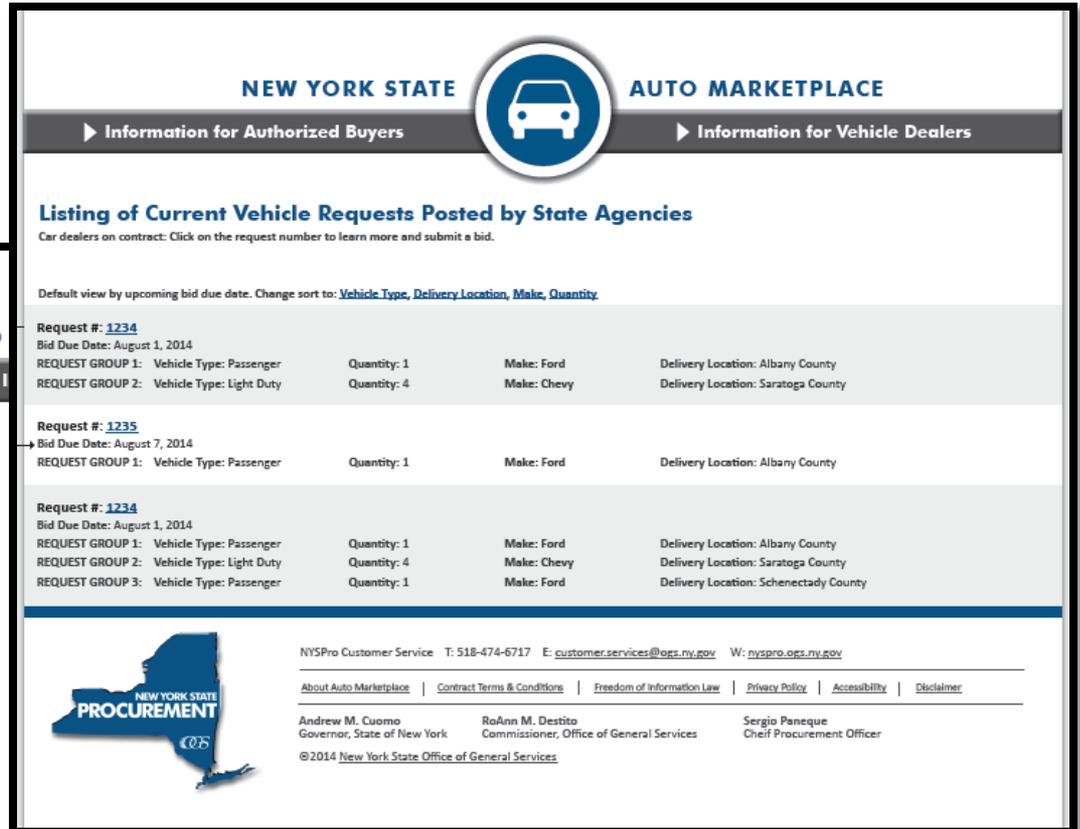
**VEHICLE GROUP 2** <content type grouping - must allow for multiples>

Vehicle Type: Light Duty <select list: Passenger, Light Duty>  
 Make: Chevy <simple text>  
 Model: Focus <simple text>  
 Model Year: 2015 <simple text>  
 Quantity: 2 <simple text>  
 Color: Yellow <simple text>  
 Delivery Location: Saratoga County <select list>  
 Delivery Date: September 15, 2014 <date, no time>

Additional Information: <text field>  
 Additional Documentation: <document field>

**Dealers on Contract:  
Submit a Bid to this Request**

Note: Only dealers on contract may respond to this bid request. Dealers must have a NYS Auto Marketplace contract number to respond. Dealers are required to [create an account](#) to respond to vehicle requests. Not on contract? [Learn how to become a NYS Auto Marketplace contractor.](#)



**NEW YORK STATE AUTO MARKETPLACE**

Information for Authorized Buyers | Information for Vehicle Dealers

### Listing of Current Vehicle Requests Posted by State Agencies

Car dealers on contract: Click on the request number to learn more and submit a bid.

Default view by upcoming bid due date. Change sort to: [Vehicle Type](#), [Delivery Location](#), [Make](#), [Quantity](#)

**Request #:** [1234](#)  
 Bid Due Date: August 1, 2014

REQUEST GROUP 1: Vehicle Type: Passenger	Quantity: 1	Make: Ford	Delivery Location: Albany County
REQUEST GROUP 2: Vehicle Type: Light Duty	Quantity: 4	Make: Chevy	Delivery Location: Saratoga County

**Request #:** [1235](#)  
 Bid Due Date: August 7, 2014

REQUEST GROUP 1: Vehicle Type: Passenger	Quantity: 1	Make: Ford	Delivery Location: Albany County
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**Request #:** [1234](#)  
 Bid Due Date: August 1, 2014

REQUEST GROUP 1: Vehicle Type: Passenger	Quantity: 1	Make: Ford	Delivery Location: Albany County
REQUEST GROUP 2: Vehicle Type: Light Duty	Quantity: 4	Make: Chevy	Delivery Location: Saratoga County
REQUEST GROUP 3: Vehicle Type: Passenger	Quantity: 1	Make: Ford	Delivery Location: Schenectady County

**NEW YORK STATE PROCUREMENT**

NYSPro Customer Service T: 518-474-6717 E: [customer.services@ops.ny.gov](mailto:customer.services@ops.ny.gov) W: [nyspro.ops.ny.gov](http://nyspro.ops.ny.gov)

[About Auto Marketplace](#) | [Contract Terms & Conditions](#) | [Freedom of Information Law](#) | [Privacy Policy](#) | [Accessibility](#) | [Disclaimer](#)

Andrew M. Cuomo Governor, State of New York | RoAnn M. Destito Commissioner, Office of General Services | Sergio Paneque Chief Procurement Officer

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You will be able to respond to individual requests using a login.



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**REMINDER:**

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[SST\\_auto@ogs.ny.gov](mailto:SST_auto@ogs.ny.gov)

Vendors in the meeting  
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in writing.

**Break**

**REMINDER:**

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room can submit questions  
in writing.

**Q&A**

# Solicitation Overview

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## General Information

- **Bid #:** 22878
- **Bid Opening Date:** All responses are due by 11:00am on Monday August 11, 2014
- **Bid Documents Location:**  
[http://www.ogs.ny.gov/purchase/biddocument/22878crb\\_BidInformation.pdf](http://www.ogs.ny.gov/purchase/biddocument/22878crb_BidInformation.pdf)
- **Designated Contacts:**
  - Wendy Reitzel | Phone: (518) 473-5280 | Email: [SST\\_Auto@ogs.ny.gov](mailto:SST_Auto@ogs.ny.gov)
  - Matthew Jones | Phone: (518) 474-4163 | Email: [SST\\_Auto@ogs.ny.gov](mailto:SST_Auto@ogs.ny.gov)



# Solicitation Overview

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## Recent Updates to the Solicitation

- Update 1: Mini-bid information, timeline update, contract amendments
- Update 2: Mini-bid update, solicitation amendments
- Update 3: Addition of MWBE Goals



# Solicitation Overview

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## Minority and Women-owned Business Enterprises

- Article 15A Participation of minority group members and women in State contracting
- Section 313: 5a

## MWBE Utilization Plan

- 10% Minority
- 10% Women-owned

## Subcontracting Opportunities

- PDI
- Transport
- After-Market Accessories





# MWBE UTILIZATION PLAN

Contract No.: \_\_\_\_\_

**INSTRUCTIONS:** This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary. "Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization".

Contractor's Name, Address and Telephone No.	Federal Identification No.	Contract Description Location (Region)	MWBE Goals In Contract
			MBE      %
			WBE      %

Certified MWBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

**IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)**

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the MWBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address
Name and Title of Preparer (Print or Type)	Telephone No.      Date

**FOR MWBE USE ONLY**

Reviewed By	Date			
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Contract No.	Project No. (if applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			

# Solicitation Overview

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## “Good Faith” Effort

- Reason contractor cannot meet any or all of goal requirement
- Explanation of efforts to obtain the required MWBE participation



# Solicitation Overview

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## Commercially Useful Function

Purpose –

- a. Fraud prevention
- b. Clarification regarding counting MWBE utilization in the following instances:
  - i. Where MWBEs are acting as prime contractors with subcontractors working under them
  - ii. Where multiple levels of subcontractors are used (i.e. subcontractors that contract work out to other firms)
  - iii. Where partnerships or joint ventures are used
  - iv. Where State agency personnel or prime contractors/project managers reasonably believed that despite taking credit for MWBE utilization, MWBEs were not actually performing on State contracts



# Solicitation Overview

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## Commercially Useful Function

Definition – Section 140(f)

- an MWBE performs a commercially useful function (CUF) when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved

Determinations by State agencies – Section 140(f)

- Five Factors to determine if an MWBE is providing a CUF :
  - a. Amount of work subcontracted
  - b. Industry practices
  - c. Whether the amount paid is commensurate with the work the MWBE is to perform
  - d. The credit claimed toward MWBE goals
  - e. Any other relevant factors :



# Solicitation Overview

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## Resources/Support

### MWBE Directory of New York State Certified

<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>

### OGS Office of Minority and Women-owned Business Enterprise 518-486-9284

- William Hill [william.hill@ogs.ny.gov](mailto:william.hill@ogs.ny.gov)
- Tryphina Ramsey [tryphina.ramsey@ogs.ny.gov](mailto:tryphina.ramsey@ogs.ny.gov)
- Anuola Surgick [anuola.surgick@ogs.ny.gov](mailto:anuola.surgick@ogs.ny.gov) Designated Contact



# Solicitation Overview

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## Bid Submittal Checklist

- Standard Vendor Responsibility Questionnaire
- NYS Taxation & Finance Forms ST-220-CA & ST-220-TD
- Form EEO-100
- MWBE Utilization Plan
- Proof of Insurance (General & Automobile Liability)
- Proof of Insurance (Workers' Comp)
- Proof of Insurance (Disability)
- Attachment 1: Bid Documents (Paper)
- Attachment 2: Bid Documents (Electronic)



# Solicitation Overview

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## Document Examples

Examples of bid documents shown at the pre-bid conference follow this page. Please note that these are only examples. Please refer to the Bid Solicitation Information Memos for complete instructions on bid submittal



New York State Comptroller Thomas P. DiNapoli

# Office of the State Comptroller



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- [Forms for Vendor Use](#)
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# Contractor Certification to Covered Agency

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

# ST-220-CA

(12/11)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help?* on back).

Contractor name		For covered agency use only Contract number or description	
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		\$
Contractor's telephone number	Covered agency name		
Covered agency address		Covered agency telephone number	

I, \_\_\_\_\_, hereby affirm, under penalty of perjury, that I am \_\_\_\_\_

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.

The contractor has previously filed Form ST-220-TD with the Tax Department in connection with \_\_\_\_\_  
(insert contract number or description)

and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
(sign before a notary public)

\_\_\_\_\_  
(title)

## Instructions

### General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. See *Need help?* for more information on how to obtain this publication. In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

**Note:** Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

### When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities* or *services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned *on or after April 26, 2006* (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the \_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_, before me personally appeared \_\_\_\_\_,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
\_he resides at \_\_\_\_\_,
Town of \_\_\_\_\_,
County of \_\_\_\_\_,
State of \_\_\_\_\_; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): \_he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): \_he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, \_he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): \_he is a \_\_\_\_\_ of \_\_\_\_\_, the partnership described in said instrument; that, by the terms of said partnership, \_he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): \_he is a duly authorized member of \_\_\_\_\_, LLC, the limited liability company described in said instrument; that \_he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, \_he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public

Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?

Visit our Web site at www.tax.ny.gov
• get information and manage your taxes online
• check for new online services and features

Telephone assistance
Sales Tax Information Center: (518) 485-2889
To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.



# EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

**SUBMIT WITH BID OR PROPOSAL or within a reasonable time thereafter as requested by OGS, but prior to Contract Award.**

<b>Solicitation No.:</b>	<b>Reporting Entity:</b> <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes Contractor's <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
<b>Contractor/Subcontractor's Name:</b>		
<b>Contractor/Subcontractor's Address:</b>		
<b>FEIN:</b>		

Enter the total number of employees for each classification.

EEO Job Category	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification								Veteran				
		Total Male (M)	Total Female (F)	White (M) (F)	Black (M) (F)	Hispanic (M) (F)	Asian (M) (F)	American Indian or Alaskan Native (M) (F)	(M)	(F)						
Executive/Senior level Officials & Managers																
<b>First/Mid-level officials &amp; Managers</b>																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
<b>Operatives</b>																
Laborers and Helpers																
Service Workers																
Totals																

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.:</b>	<b>DATE:</b>
	<b>EMAIL ADDRESS:</b>	
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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):
INSURED	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

**CERTIFICATE HOLDER****CANCELLATION**

	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

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY		NAMED INSURED
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
The People of the State of New York, its officers, agents and employees Office of General Services (OGS) Empire State Plaza Procurement Services Group Corning Tower Building, 38th Floor Albany, NY 12242-0064
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

**A. Paragraph 5. of SECTIONS IV –BUSINESS AUTO CONDITIONS, V – GARAGE CONDITIONS, V – MOTOR CARRIER CONDITIONS and V – TRUCKERS CONDITIONS is replaced with the following:**

**5. Transfer Of Rights Of Recovery Against Others To Us**

**a.** If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after an "accident" or "loss" to impair them.

**b.** However, we waive any right of recovery we may have against any person or organization to the extent required of you by a written contract executed prior to any "accident," provided that the "accident" arises out of operations contemplated by such contract. The waiver applies only to the person or organization designated in such contract.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

# **WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<b>Named Insured:</b>  <b>Endorsement Effective Date:</b>
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### **SCHEDULE**

<b>Name(s) Of Person(s) Or Organization(s):</b> NYS Office of General Services Corning Tower - 37th Floor Empire State Plaza Albany, NY 12242
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

<p><b>1a. Legal Name &amp; Address of Insured (Use street address only)</b></p>    <p><b>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</b></p>	<p><b>1b. Business Telephone Number of Insured</b></p>  <p><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b></p>  <p><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b></p>
<p><b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p>	<p><b>3a. Name of Insurance Carrier</b></p>  <p><b>3b. Policy Number of entity listed in box "1a"</b></p>  <p><b>3c. Policy effective period</b> _____ to _____</p> <p><b>3d. The Proprietor, Partners or Executive Officers are</b> <input type="checkbox"/> <b>included.</b> (Only check box if all partners/officers included) <input type="checkbox"/> <b>all excluded or certain partners/officers excluded.</b></p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **(To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.*

**Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.**

**Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.**

Approved by: \_\_\_\_\_  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: \_\_\_\_\_  
(Signature) (Date)

Title: \_\_\_\_\_

Telephone Number of authorized representative or licensed agent of insurance carrier: \_\_\_\_\_

**Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.**

## Workers' Compensation Law

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

SAMPLE

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW**

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)</p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p>	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a":</p> <p>3c. Policy effective period: _____ to _____</p>

4. Policy covers:

a.  All of the employer's employees eligible under the New York Disability Benefits Law

b.  Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

**IMPORTANT:** If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

**State Of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.*

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". ***This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".***

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### **DISABILITY BENEFITS LAW**

#### **§220. Subd. 8**

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.