# ELECTRICAL INSPECTOR REQUIREMENTS



Village of Upper Brookville 24 Wolver Hollow Road Glen Head, NY 11545

T: 516-624-7715, Ext. 3

buildingdept@upperbrookville.org

This packet and following documents must be completed and submitted to the Village.

All Insurance must note the Village as Certificate Holder (Address noted above).

Company	Name:		_ Date:
Company	Address:		
Phone #	En	nail:	
List of El	ectrical Inspectors who will perform inspections:		
1.		2.	
3.		4.	
5. Attach add	itional sheet if needed	6.	
Requiren	nents:		
1	\$20 Processing fee. Check payable to 'Inc. Vil	lage of Upper Brookville'	
2	Liability Insurance (General, Auto, & Umbrella)*		
3	Worker's Compensation – C-105.2 or U-26.3 – (Accord Forms not accepted)*		
4	Disability Insurance – Standard Form – DB120.1*		
5	Additional Insured – CG2026 Form <u>or equivalent</u> - Must state "Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers" (see page 2, Section II)*		
6	This packet must be signed and notarized		

\*See pages 2 & 3 for limits and details.

# INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED ELECTRICAL INSPECTOR TO WORK WITHIN THE MUNICIPALITY

Applicant shall maintain at a minimum the following insurance coverages, giving evidence of same to the Inc. Village of Upper Brookville, on the form of Certificates of Insurance stating all work performed at any and all locations, copies of the General Liability Declaration Page and copy of the Additional Insured Endorsement, providing 30 days' notice of cancellation, non-renewal or material change. New York State licensed carrier is preferred; any non-licensed carriers will be accepted at the Municipalities discretion. The insurance carrier must have an A.M. Best Rating of at least A- IX. All subcontractors must adhere to the same insurance requirements.

## I. WORKER'S COMPENSATION AND NYS DISABILITY

Coverage Statutory

Extensions Voluntary compensation

All states coverage; Employers liability – unlimited

Required Form for Workers Comp: C105.2 – certificate of NYS Workers Compensation Insurance Coverage

OR if you are insured with the State Insurance Fund, form SI-26.3 – State Insurance

Fund Certificate of Workers Compensation Insurance

Required Form for NYS Disability: DB120.1 – Certificate of Disability Benefits Insurance

Required Form for Exemption CE-200 – Certificate of Attestation of Exemption RYS Workers

Compensation and/or Disability Benefits Insurance Coverage.

### II. COMMERCIAL GENERAL LIABILITY

Coverage Occurrence – 1988 ISO or equivalent

Limits General Aggregate \$2,000,000

Products-Comp/Ops Aggregate \$1,000,000
Personal. & Advertising. Injury \$1,000,000
Each Occurrence \$1,000,000
Fire Legal (Any one Fire) \$ 50,000
Medical Exp. (Any one Person) \$ 5,000

Additional Insured Inc. Village of Upper Brookville and all appointed and elected officials, employees

and volunteers Using ISO form CG2026 or equivalent

Mandatory Contractual Liability to cover the Hold Harmless;

Aggregate Limits per project;

#### III. AUTOMOBILE INSURANCE

Coverage Standard New York policy insuring all owned, hired,

and non-owned vehicles

Limits Minimum Limit - \$1,000,000 CSL

Additional Insured Inc. Village of Upper Brookville and all appointed and elected officials, employees

and volunteers

IV.	UMBRELLA LIABILITY Coverage	Umbrella Form or Excess following form of primary G Liability	eneral Liability and Automobile		
	Limit	\$10,000,000			
	Additional Insured	Inc. Village of Upper Brookville and all appointed and and volunteers	l elected officials, employees		
V.	HOLD HARMLESS/INDEMNIFICATION AGREEMENT  The owner/contractor shall indemnify and hold the Municipality harmless against any claim of liability or loss including the cost of defense for personal injury or property damage resulting from or arising directly or indirectly out of, or resulting from, the permit holder's or Licensee's operations within the Municipality, including losses arising out of the negligent acts or omissions of the contractor, its servants or agents, and any subcontractors, its servants or agents.  I hereby acknowledge that I have read and agree to the above requirements.				
		Signature	Date		
	Name (Print)				
		Title			
	Nan	Title  ne of Company			
		ne of Company			

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public, State of New York