



## CONTRACTOR REQUIREMENTS

Village of Upper Brookville Building Department

24 Wolver Hollow Road, Glen Head, NY 11545

T: 516-624-7715 Ext. 3

Buildingdept@upperbrookville.org

## INSURANCE & LICENSE REQUIREMENTS

Contractor's Insurances & License must be updated and current for the duration of the project.

Insurance lapse or license expiration will result in a STOP WORK ORDER.

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

The following documents, along with this signed & notarized form, must be submitted before permit is issued.

1. Copy of Town of Oyster Bay License – Electricians & Plumbers
2. Copy of Nassau County License – Contractors
3. Worker's Compensation – C-105.2 or U-26.3 – (Accord Forms not accepted)
4. Liability Insurance - General, Auto, & Umbrella (List Homeowner & Project Address on Form)
5. Disability Insurance – Standard Form – DB120.1
6. Additional Insured – CG2026 - Must state "Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers" (see page 2, Section II)
7. Signed & notarized agreement (page 3)

See pages 2 & 3 for more details.

**INSURANCE REQUIREMENTS FOR OBTAINING A PERMIT &/OR TO REGISTER / LICENSED CONTRACTOR 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<br>All states coverage; Employers liability – unlimited  |
| Required Form for Workers Comp:   | C105.2 – certificate of NYS Workers Compensation Insurance Coverage<br>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 from NYS Workers Compensation and/or Disability Benefits Insurance Coverage.   |

**II. COMMERCIAL GENERAL LIABILITY**

|                    |   |
|--------------------|---|
| Coverage           | Occurrence – 1988 ISO or equivalent   |
| Limits             | General Aggregate \$2,000,000<br>Products-Comp/Ops Aggregate \$1,000,000<br>Personal. & Advertising. Injury \$1,000,000<br>Each Occurrence \$1,000,000<br>Fire Legal (Any one Fire) \$ 50,000<br>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;<br>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 - RECOMMENDED**

|                    |  |
|--------------------|--|
| Coverage           | Umbrella Form or Excess following form of primary General Liability and Automobile Liability       |
| Suggested Limit    | \$2,000,000  |
| Additional Insured | Inc. Village of Upper Brookville and all appointed and elected officials, employees and volunteers |

**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, \_\_\_\_\_,  
Contractor Name (Print)

contractor for \_\_\_\_\_, owner of  
Homeowner Name (Print)

\_\_\_\_\_  
Street Town State Zip

hereby acknowledge that I have read and agree to the above application, rules, and requirements.

\_\_\_\_\_  
Contractor Signature Date

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Business Address

**ACKNOWLEDGMENT CERTIFICATE**

State of New York )  
) ss.:  
County of \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, a Notary Public in and for said State, personally appeared,

\_\_\_\_\_  
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