

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 # _____ Email: _____

List of Electrical Inspectors who will perform inspections:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Attach additional sheet if needed

Requirements:

1. \$20 Processing fee. Check payable to 'Inc. Village 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 or equivalent - 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 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 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

