CHECKLIST OF INSURANCE DOCUMENTS AND AMOUNTS REQUIRED BY MONROE COUNTY

HELPFUL HINTS ARE IN RED

CONTACT YOUR INSURANCE COMPANY FOR ANY QUESTIONS OR TO OBTAIN DOCUMENTS #1-3

1. **ACORD CERTIFICATE OF INSURANCE (COI)** to meet these requirements:
   a. **GENERAL LIABILITY INSURANCE LIMITS:**
      i. $1 million each occurrence AND
      ii. $3 million general aggregate (OR lower general aggregate PLUS Excess or Umbrella Liability coverage in an amount to provide $3 million total)
   b. **COMMERCIAL AUTOMOBILE INSURANCE LIABILITY LIMITS:**
      i. $1 million combined single limit
         • Company Vehicles
            o ALL Special Use applicants and Tent & Inflatable providers using “company vehicles” (i.e. owned and operated by the owner, organizer, promoter, or vendor) for any purpose, at the Park, must provide compliant commercial auto liability insurance.
            • Personal Vehicles
              o Special Use applicants using only personal vehicles need not submit auto insurance, unless said vehicles are “actively involved” in the event (i.e. as a pace car, shuttle, display, directly participating, etc.). If personal vehicles are actively involved, please send copy of your personal auto insurance card.
              o Tent & Inflatable providers using only personal vehicles, please send copy of your personal auto insurance card.
   c. **DESCRIPTION OF OPERATIONS BOX:**
      i. Must state: “Monroe County is additional insured for” all relevant policies (and/or have all relevant “Addl Insr” columns checked).
   d. **CERTIFICATE HOLDER BOX:**
      i. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.”

2. **ADDITIONAL INSURED ENDORSEMENT FORM** for general liability policy:
   a. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.” and/or have the policy number listed on the document.

3. **ADDITIONAL INSURED ENDORSEMENT FORM** for automobile liability policy (See 1b above)
   a. Must list us as: “Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.” and/or have the policy number listed on the document.

4. **WORKERS COMPENSATION INSURANCE:** Please send in one of the following forms (obtain from www.web.ny.gov)
   a. Must list us as: Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.
      i. C105.2 (or U-26.3)
      ii. SI-12 (or GSI 105.2)
      iii. CE-200- Submit this if you are exempt from needing Workers Compensation Insurance.
         • Only the above forms will be accepted.
         • ACORD COI alone cannot be accepted as proof of Workers Compensation Insurance.

5. **DISABILITY INSURANCE:** Please send in one of the following forms (obtain from www.web.ny.gov)
   a. Must list us as: Monroe County, 39 West Main Street, Rochester, New York, 14614, Attn: Parks Dept.
      i. DB-120.1
      ii. DB-155
      iii. CE-200 -Submit this if you are exempt from needing Disability Insurance.
         • Only the above forms will be accepted.
         • ACORD COI alone cannot be accepted as proof of Disability Insurance.

CONTACT THE STATE OF NY at www.wcb.ny.gov FOR ANY QUESTIONS OR TO OBTAIN DOCUMENTS #4-5

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