

VENDOR'S (I.E. MOVER'S/WORKMEN/INSTALLERS)

CERTIFICATE OF INSURANCE REQUIREMENTS

CERTIFICATE HOLDER: **One Hanson Place Condominium
c/o First Service Residential NY
622 Third Avenue, 14th Floor
New York, NY 10128**

ADDITIONAL INSURED:

1. **One Hanson Place Condominium**

2. **First Service Residential NY, as Managing Agent
622 Third Avenue, 14th Floor
New York, NY. 10017**

3. **Resident's Name, Unit #
Complete Address _____
New York, NY. 10128
Date(s) of Service / Delivery ____/____/____**

- (i) **COMPREHENSIVE GENERAL LIABILITY: \$2,000,000 BODILY INJURY & PROPERTY DAMAGE (combined single limit)**

- (ii) **WORKER'S COMPENSATION: as required by all applicable Federal, State, or other laws including Employers Liability in accordance with the statutory requirements of the State of New York, together with Disability Benefits Insurance required by the State of New York.**

THE POLICY DATES MUST BE ON THE CERTIFICATE OF INSURANCE AS WELL AS THE LIABILITY AND WORKERS COMPENSATION POLICY NUMBERS.

THE COMPLETED CERTIFICATE OF INSURANCE WITH WORKERS COMP COVERAGE MUST BE SUBMITTED TO MANAGEMENT AND/OR THE ON-SITE RESIDENT MANAGER.

SEE SAMPLE COI ON NEXT PAGE.

