



## INSURANCE FORM

**Procurement Name:** \_\_\_\_\_ **Procurement Number:** \_\_\_\_\_

By signing and submitting its Response to the Solicitation, the Vendor certifies as follows:

All Insurance Requirements (Except Workers Compensation)

If a notice of award is provided by RGRTA, the undersigned Vendor will provide the required Insurance Certificates and Endorsements certifying it has obtained policies at the amounts required in the Solicitation or any Addenda issued by RGRTA.

Workers Compensation

To provide proof of compliance with New York State Workers' Compensation Law, the Vendor has attached one (1) of the following documents to this form (check the box to indicate which form is attached):

Form CE-200, Certificate of Attestation for New York Entities With No Employees and Certain Out of State Entities, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage is Not Required, which is available on the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov)).

Certificate of Workers' Compensation Insurance Form C-105.2 (9/07) if coverage is provided by the contractor's insurance carrier

Certificate of Workers' Compensation Insurance Form U-26.3 if coverage is provided by the State Insurance Fund

Certificate of Workers' Compensation Insurance Form SI-12, Certificate of Workers' Compensation Self-Insurance available from the New York State Workers' Compensation Board's Self-Insurance Office.

Certificate of Workers' Compensation Insurance Form GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance available from the contractor's Group Self-Insurance Administrator.

This certification is a material representation of fact relied upon by RGRTA. By signing this form, the Vendor acknowledges it will meet of the Insurance requirements, that the Vendor had the opportunity to address any concerns with the policies or levels required during the questions period, and if awarded a contract, it will maintain the insurance requirements throughout the term of the contract

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Name of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Official