

AGENCY CUSTOMER ID: Agency Customer ID



AGENCY

NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY) 12/25/2025

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

NAMED INSURED(S)

Named Insured(s)

, 190	1109		rtarrica irisarca(s)					
POLICY NUMBER Policy Number		12/25/2025	CARRIER Carrier	NAIC CODE NAIC				
ADDENDUM INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:								
	Insurer X Admitted / authorized							
	Excess line or free trade zone							
В.	B. General Liability (GL) policy form							
	X ISO / ISO modified							
	Other							
C.	C. Specific operations excluded or restricted (GL policy)							
X Location: Location Details								
	X Type of construction: Type of construction Details							
	X Building height: Building height Details							
	X Classifications [see attached declarations / endorsement]							
	X Designated work [see attached endorsement]							
D.	Additional insured endorsement (GL policy)							
	X CG 20 10 CG 20 26 CG 20 32 CG 20 33 CG 20 37 CG 20 38							
	Other: #: Other Number Title: Oth							
_								
Ε.	E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage							
	X Yes No and no other option is available with this insurer							
F.	F. Additional insured will receive advance notice if insurer cancels (GL policy)							
	X Yes No and no other optic	on is available w	ith this insurer					
G.	G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted							
	X Yes and no other option is available with	this insurer	No changes made					
Н.	H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)							
	X Yes and no other option is available with	this insurer	No changes made					
I.	 GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation) 							
	X Yes and no other option is available with	this insurer	No changes made					
Certificate Number								

ADDENDUM INFORMATION (continued)

AGENCY CUSTOMER ID: _____

AGENCY	CUSTOMER	ID

J. Earth movemen	nt, excavation or explosion / collapse / underground	property damage is excluded or restricted (GL policy)				
X Yes and	$\boxed{\chi}$ no other option is available with this insurer	No changes made				
K. Insured vs. ins	ured suits (cross liability in the ISO CGL policy) are e	excluded or restricted (other than named insured vs. named insured)				
X Yes and	X no other option is available with this insurer	No changes made				
L. Property damage or restricted	ge to work performed by subcontractors (exception to	o the "damage to your work" exclusion in the ISO CGL policy) is excluded				
X Yes and	X no other option is available with this insurer	No changes made				
M. Excess / umbrella policy is primary and non-contributory for additional insureds						
X Yes, by spe	ecific policy provision Yes, by endorsement	No and no other option is available with this insurer				
Lorem ipsum o	dolor sit amet, consectetur adipiscing elit, s	ed do eiusmod tempor.				
	AUTHORIZED REPRESENTATIVE SIGNATU	RE DATE (MM/DD/YYYY)				
Form Number	Pag	ge Number				