



Request For Proposals



Bethlehem Steel Site Master Plan/Generic Environmental Impact Statement

Proposal must be submitted, no later than 4:00 PM, January 19,
2018, to: ILDC/ECIDA, 95 Perry Street, Suite 403, Buffalo, New York
14203

www.ecidany.com

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I. RFP Overview

Proposals are being solicited from Planning and Engineering firms, to provide planning, engineering and design services for an **Infrastructure/Utility Master Plan/Draft Environmental Impact Statement** for the Bethlehem Steel Redevelopment Site in Lackawanna, New York.

The Master Plan and Generic Environmental Impact Statement will focus initially on the approximate 150 Acres which the ILDC is purchasing and will be in public ownership prior to the award of the contract. This includes all of the property known as Business Park I and portions of Business Park II. Secondary focus shall be on portions of Business Park II which may come into public ownership at a later date. The study will also need to consider Business Park III, which is largely developed and privately owned, and also look at the Tecumseh property to the west of the Business Park parcels. Business Park III, the Tecumseh parcels and the publicly owned parcels may share access points, utility corridors and utility service lines and therefore will need to be considered in the planning of the main study area.

The plan and implementation strategy shall establish a strategic approach and methodology to guide the development and construction of utility infrastructure throughout the Bethlehem Steel site. The plan will be aligned with other planning efforts and projects and dictated by consensually developed stakeholder criteria and available funding sources. The plan shall also study, research and incorporate, but not be limited to, the following elements:

The preparation of the Bethlehem Steel Infrastructure Master Plan is a key implementation initiative for the redevelopment of the Bethlehem Steel site and will include:

- A detailed site plan, with parcel, road, utility (gas, electric, water, telecommunications) and infrastructure plans for the entire site including stormwater management and opportunities for utilizing green infrastructure. The site is anticipated to have public access points at Dona Street and Ridge Road from Route 5. The plan should include the development of a proposed highway access plan for Business Park I and II as well as proposed internal roadways which can be developed as public roads to meet the requirements of the City of Lackawanna and New York State Law.;
- Provide information/requirements for seeking final Site Plot Plan approval from the City of Lackawanna;
- A phased development plan for construction of site grey and green infrastructure, including preliminary cost estimates;
- Land Use Planning, including scenario analysis, forecasting and suitability analysis;
- Transportation Planning including intermodal, rail, highway, marine and inland freight planning;
- A real estate market analysis and development potential study to investigate market potential for industrial real estate and provide guidance regarding the best use of the site;
- Geo-technical analysis, including a minimum of soil borings;
- Communications including graphic design, marketing and brand development, including the ability to work with existing communication strategies and an established brand identity;

- A detailed shoreline plan that accommodates green infrastructure and stormwater management;
- A Phase I Archeological Survey; This component shall be priced separately and subject to discussion as to whether it is necessary due to much of the site having been covered with fill material either as part of the development of the site or as requirements of the Brownfield Cleanup Program; and
- Completion of New York State Environmental Quality Review Act (SEQRA) requirements.

The Master Plan will be designed to be an adaptable plan that will be reviewed and updated on a regular basis, incorporating new information and developments, refining market projections and opportunities, and evaluating and updating development and investment priorities. Benchmarks and criteria for annual and other periodic plan updates should be included within the Infrastructure/Utility Master Plan.

The Master Plan will be developed through a two-phase process:

- Phase 1 – Perform a strategic, predictive analysis of the market looking at national, regional, state, and local conditions for industry needs and projections. This phase should include a thorough review of existing site assets and capacity, and an analysis of how they may be best utilized. The results of this first phase should allow the ILDC to identify specific demand thresholds for industrial and commercial development and other infrastructure such that appropriate triggers are defined for planning, programing, and design and construction of required plan elements and respective projects.
- Phase 2 – Utilize the results of Phase 1 to develop a Master Plan that establishes land use and development principles and identifies key strategies and facility expansion that will guide future development at the site. This will include alternative-energy scenarios (solar and wind potential, renewable thermal energy, and load control), suitable analysis for new facilities and expansion, capital program development and establishing performance indicators to measure progress toward the short-term goals and long-term vision for the site.

This project will build upon regional planning priorities that have been established by the Western New York Regional Economic Development Council (WNY REDC) and the One Region Forward planning document, which is part of New York State's comprehensive economic agenda, that stresses the importance of sustainable development, enhancing our waterways and repurposing former industrial lands. The proposed improvements are necessary to prepare the property for public investment which will in turn drive private ownership and development. Development of the Bethlehem Steel site will address the regional need for vacant industrial-zoned property to attract new and growing manufacturing companies, especially international companies. Redevelopment of the former Bethlehem Steel site in the City of Lackawanna will help facilitate the diversification of the regional economy to support advanced manufacturing and renewable energy initiatives.

The Erie County Industrial Land Development Corporation (ILDC), the land development affiliate of the Erie County Industrial Development Agency (ECIDA), is seeking qualified firms for planning and design services for the above-noted project. Funding for the project is being provided by National Fuel through their Area Development Program; U.S. Department of Commerce, Economic Development Administration (EDA) through EDAP-2017; and potential assistance from National Grid through their Strategic Economic Development Program. The ILDC encourages submissions from Women and Minority Owned Business Enterprises (M/WBE). The plan must carefully follow all the specifications of the government agencies which will take ownership of the improvements.

THE ILDC RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS, AND THE RIGHT TO WAIVE ANY INFORMALITIES THEREIN.

II. PROJECT LOCATION/AMENITIES

The project is contained to approximately 148-acres of the **Bethlehem Steel Redevelopment Area (BSRA)** located at 2303 Hamburg Turnpike in the City of Lackawanna near it border with the City of Buffalo. The project area includes Business Park I (9 sub-parcels) and a portion of Business Park II (4 sub-parcels) (*see attachment A "Bethlehem Steel site"*), that have been entered into the New York State Brownfield Cleanup Program. The site is part of Erie County Tax map 141.11-1-50.

The remedial cover (12" top soil) has been applied to approximately 90-acres on the west side of the parcel; approximately 60-acres of the east side of the parcel (nearest to NYS Route 5) have not been covered. Buildings and structures from the Bethlehem Steel operations have been removed; however, many foundations exist. All utilities are on site or at the perimeter.

The site has unique assets including rail, trucking as well as access to NYS Route 5 and close proximity (3 miles) to the New York State Thruway. Additionally, a 3,800-linear foot deep water port is adjacent to the site. The site is eligible for NYS Brownfield cleanup program tax credits.

Consultant must take into consideration how proposed utilities will impact public spaces, neighborhoods and corridors adjacent to and outside of the **Bethlehem Steel Redevelopment Area (BSRA)**. The surrounding highly distressed residential neighborhood of the First Ward is separated from the property by NYS Route 5. Public connectivity to the site will be improved by the proposed Shoreline Trail currently in the development phase.

III. GENERAL DESCRIPTION

A. Background

The 148-acre industrial site is a portion of the larger Bethlehem Steel site. The Bethlehem site is one of the largest brownfield sites in upstate New York with over 1,000 acres, of which 400 acres are available for near-term redevelopment. It is the only site in Erie County with rail, port, and easy highway access and is one of the few available sites in Erie County zoned for heavy industry. The 400 acres available for near-term use are in the NYSDEC Brownfield Cleanup program and are eligible for tax credits.

Bethlehem Steel's Lackawanna plant first opened in 1899 as the Lackawanna Iron & Steel Company. At its peak, the Bethlehem Steel plant employed over 25,000 workers and had over 7 million square feet of buildings, as well as almost 30 miles of rail track. During World War II it was the highest-volume and most productive steel facility in the country, producing more steel for U.S. warships than any other U.S. steel mill. Bethlehem Steel closed steel manufacturing operations in 1983. In 2000, this site was selected as one of four nationwide to take part in EPA's new Brownfield Pilot Program.

Business Park I (BCP Site # C915197)

Location: The Tecumseh Phase I Business Park (Phase I or site) is located at 2303 Hamburg Turnpike in the City of Lackawanna, New York. Situated in an industrial area, the site is one parcel of a larger property identified on the Erie County Tax maps as SBL 141.11-1-50 that once was the Bethlehem Steel Company (BSC). The site is located to the west of Route 5, south and east of Gateway Metroport, and north of Tecumseh Phase II Business Park Sites. **Site Features:** The mostly rectangular property is approximately 5500 feet long, averages 1500 feet wide and is approximately 102 acres in size. The generally flat, slag filled site is vegetated with natural grasses, shrubs and poplar trees typical of a primary shrub-young forest ecosystem. Remnants of former steel manufacturing buildings and foundations are prevalent. An active rail spur which once paralleled the access road, has been removed.

Current Zoning and Land Use: The site, which is vacant land, is zoned Commercial/Industrial. **Surrounding uses include:** vacant former industrial land, shipping, and a storage and transport facility. The site was formerly a portion of BSC's steel making operations. Prior uses of the site included the manufacture of steel, until production was discontinued at the site in 1983. Specific processes and steel making facilities performed on or proximate to the parcel included:

- Open Hearth Furnaces
- Blooming Mill
- Billet Preparation Mills
- Roughing Mills
- Rail Mills
- Foundry
- Water Treatment Plant

The site is primarily filled land with between two to eight feet of steel and iron-making slag as well as other fill material being used for backfill. Underlying the fill material are lacustrine silts and clays. Bedrock is Middle Devonian, consisting of Levanna shale and Stafford limestone of the Hamilton Group and Skaneateles Formation. Bedrock is located about 60 feet deep near the eastern border of the site. Due to the nature of the slag/soil fill there is very little ponding of stormwater, or surface runoff as most of the precipitation seeps into the highly permeable slag/soil fill. Any surface waters flow into the North Water Return Trench which parallels the property, flowing northerly until emptying into the Union Ship Canal. Groundwater is between 5 and 6 feet below ground surface trending westerly and northerly toward the Buffalo Outer Harbor and Lake Erie. An existing deed restriction prohibits use of groundwater for potable purposes or non-potable purposes without treatment. Public water is supplied by the Erie County Water Authority.

Business Park II (BCP Site # C915198)

Tecumseh Phase II Business Park is comprised of 12 sub-parcels and is located at 2303 Hamburg Turnpike in the City of Lackawanna. Situated in an industrial area, Phase II is part of a larger property that once included the Bethlehem Steel Company (BSC) and is identified on the Erie County Tax Maps as SBL 141.11-1-50. Phase II is located west of Route 5 and south of the Tecumseh Phase I Business Park, and east of the remaining former Bethlehem Steel property and Lake Erie.

The site is zoned medium industrial. Surrounding uses near the site include: Tecumseh Business Park III, adjacent to the west, currently being used as the NDS Lumber Transfer Facility, a solar panel farm (Steel Sun) and the Welded Tube pipe manufacturing facility. To the east is Route 5 beyond which are former buildings of the Bethlehem Steel plant, currently used as miscellaneous operations and storage, and the “Old First Ward” residential area. Future uses anticipate commercial or industrial re-use.

Formerly, BP I & II were a portion of Bethlehem Steel Company’s steelmaking facilities performed or proximate to the site included:

- Bar Mills
- Motor room
- Transfer beds
- Carpenter shop
- Scrap shop

The entire Phase II area is filled with between two and eight feet of steel and iron-making slag as well as other fill materials. Underlying the fill are lacustrine silts and clay. Native materials are encountered from about 7 to 11 feet below ground surface. Bedrock varies from about 34 feet deep in the northwestern corner of the site to 45 feet deep near the southern portion of Phase II.

Due to the porous nature of the slag/soil fill there is very little storm water retention, or surface runoff, as most of the precipitation seeps into the highly permeable slag/soil fill. Any surface waters flow into Smokes Creek or the South Water Return Trench, which parallels the western border of the property and flows southerly where it empties into Smokes Creek, which discharges to the west into Lake Erie. Groundwater, when encountered, is about 6 feet below ground surface flowing westerly and northerly toward Lake Erie.

The redevelopment of the property consists of several priority projects both in progress and completed:

1. Acquisition of 150 acres to create a business park – *near completion*
2. Relocation of remaining rail tracks along Route 5 – *in progress*
3. Construction of a public road to open land for redevelopment – *in progress*
4. Continuation of the Shoreline Trail along Route 5 – *in progress*
5. Design and construction of the Zero Net Energy manufacturing building – *in progress*
6. Welded Tube Manufacturing Facility - *completed*

Land Acquisition/Brownfield Cleanup Program:

The ILDC intends to eventually have all 148 acres in a NYSDEC approved “covered condition” so that the parcels will be eligible for the NYDEC Brownfield Cleanup Program and receive a Certificate of Completion that will allow end users to obtain the benefits of the Program, thus making the property highly marketable to private businesses.

The ILDC has purchased 93.45 acres of the 147.7 in a covered state to allow that property to be eligible for the refundable Brownfield Redevelopment Tax Credits (BRTC) and refundable Tax Credit for Remediated Brownfields (TCRB). If the site had not been successfully remediated by December 31, 2017, it would have resulted in the loss of the BRTC and TCRB. The remaining 54.25 acres will likely be covered over the next several years to allow the property to be eligible for the 2015 Enacted Budget Brownfield Cleanup Program Reforms BCP amendment.

Reuse of the **BSRA** represents a strategic opportunity for growth, community development, economic investment and environmental restoration for the City of Lackawanna and the Western New York region. Recycling this property offers numerous opportunities including: the creation of industrial and commercial development along the Route 5 corridor; improved utilization of other industrial and commercial zoned property near the site; opportunities for new jobs and business expansion; increased tax base; and restore underutilized urban land for the benefit of the adjacent community.

Project stakeholders include: Erie County, Buffalo and Erie County Industrial Land Development Corporation, Erie County Industrial Development Agency, City of Lackawanna, Empire State Development, and Tecumseh Redevelopment, Inc. The Town of Hamburg may also be involved as portions of the site are in Hamburg.

IV. GENERAL PROPOSAL REQUIREMENTS:

Proposals must address each of the following items:

A. Approach and Methodology

Respondents to this RFP should include a brief narrative explaining their approach. The narrative should outline the products and tasks to be provided in response to the recommended Scope of Work outlined below.

B. Scope of Services

The consultant shall meet with the project steering committee composed of representatives from ILDC/ECIDA, Erie County (Department of Environment and Planning), City of Lackawanna and Tecumseh Redevelopment to discuss project scope, schedule and deliverables.

The consultant will incorporate mapping of private investments within the study area (recent, under construction and planned) to guide the application of the infrastructure investment criteria.

The consultant will work with the project steering committee to identify and map the distinct districts in the project area for planning and stakeholder outreach purposes.

Stakeholder Outreach and Engagement *(Tasks include, but are not limited to):*

The consultant will meet on a regular basis with the project steering committee to review and accept feedback on project progress and deliverables. Public and industry participation is critical to this process. The 2018 Utility Master Plan will reflect industry and market needs, and will require extensive buy-in from industry. The planning process should also include coordination with government agencies, economic development agencies and neighboring communities to the extent feasible given the project timeline.

The consultant is expected to attend a minimum of five (5) meetings with the **Infrastructure Steering Committee** throughout the planning process in order to review and refine infrastructure investment criteria.

SCOPE OF WORK for the GEIS for the Bethlehem Steel Redevelopment Area will be prepared pursuant to New York State Environmental Quality Review (SEQR) and the SEQR Technical Manual. The environmental review provides a means for decision-makers to systematically consider environmental effects along with other aspects of project planning and design, to evaluate reasonable alternatives, and to identify, and mitigate where practicable, any significant adverse environmental impacts. The lead agency for SEQR review will be determined as the project progresses. The first step in preparing the GEIS document is the public scoping process. "Scoping," or creating the scope of work, is the process of focusing the environmental impact analysis on the key issues that are to be studied in the GEIS.

Proposals will be required to provide a detailed narrative explaining the individual tasks and deliverables/products to achieve the Approach and Methodology outlined above. As previously stated in the RFP, it is suggested that the Scope of Services address each of the following general components:

- ❑ A Community and Public Information Strategy, including:
 - Meetings with the client group and other involved parties, including the City of Lackawanna, NYSDOS, NYSDEC, and other stakeholders
 - Neighborhood and Public information meetings and other vehicles for dissemination of information regarding the Site and Development Plan to the public;
- ❑ Analysis and review of existing documentation available concerning the site, including environmental reports, foundation surveys and utility mapping.
- ❑ A real estate market analysis that will start with the regional economic analysis contained in the Lackawanna First Ward BOA Step 2 Nomination Document and provide probabilities of specific land uses and developments proposed by the BOA and LWRP;

- ❑ An analysis of the various opportunities and constraints presented by the site to ensure buildability of the final plan, including:
 - Environmental restrictions on future uses;
 - Location of subsurface foundations and geo-technical constraints;
 - Capacities of perimeter sewer, water, electrical and other utility services and locations to tap into or extend these utilities into the site;
 - Feasibility and potential phasing of implementing recommendations from the Lackawanna First Ward BOA Master Plan and LWRP;
 - Potential for rail and/or intermodal developments;
 - Opportunities for installation of renewable energy that can serve future users/tenants of the business park, with the potential for installation of a micro-grid;
 - Waterfront and shoreline opportunities (e.g., green space, bicycle and walking trails, public recreational waterfront access, water-borne freight) and constraints (e.g., City setback requirements, seawall conditions, private ownership and windmill locations);
 - Opportunities for a “green” advanced manufacturing park that would focus on innovation and high-tech companies, and benefit from the desire of these firms to cluster near each other;
 - Potential for multiple types of developments to occur within the Bethlehem Steel site, that would permit separate types of economic development activities to coexist adjacently within the larger site;
 - Opportunities to implement green development standards that would reduce greenhouse gases and energy consumption. Potential of LEED certified development and Combined Heat and Power facilities should be explored.
 - Opportunities presented by the proposed Z7+ (Net Zero Manufacturing building) project, as well as the constraints posed by the potential land (ROW) requirements of that project;
 - Zoning opportunities and limitations;
 - Existing residential neighborhoods bordering the site to the east; and,
 - Existing heavy industrial uses to the west of the site.
- ❑ Preparation of alternative development scenarios (minimum three (3)) at a preliminary site partition (‘bubble’) level, presenting alternative land use and real estate product categories, as appropriate (e.g., intermodal/rail-served industrial, light manufacturing, light commercial/office/retail, mixed use, recreational, etc.)
- ❑ A flexible parcel plan of the preferred development scenario selected by the team that addresses the potential market demand for commercial and industrial real estate, which maximizes the development potential of the site, complies with City of Lackawanna Codes and optimizes the construction of new roads and infrastructure to service the site.
- ❑ Infrastructure (including road, rail, sewer, gas, water and other utilities) necessary to service the site (phased, if necessary) to coincide with implementation of the development plan and the ability of the redevelopment to pay for the costs of constructing the infrastructure. The infrastructure planning shall include proposed public roadways, utility corridors, focusing first on publicly owned properties, but shall also identify corridors for utilities and roadways that will serve privately owned property to ensure that the corridors are preserved for future development.

- ❑ Coordination and collaboration between the consultant and utility companies (National Grid, National Fuel), Erie County Sewer Authority, and Erie County Water Authority to bring utilities onto the site. Incorporate utility providers engineering feasibility studies into the final Master Plan document.
- ❑ Assist with information gathering and application requirements for New York's Shovel Ready certification including:
 1. review the appropriate development profile;
 2. complete the Shovel Ready Self Evaluation Checklist and document any and all action steps to be taken to meet the necessary the program's requirements;
 3. assemble the necessary information to document the Self Evaluation Checklist and the application; and
 4. prepare Shovel Ready application.
- ❑ Generic EIS scoping and findings.
- ❑ Land use and development regulations, in a form compatible with the broader City of Lackawanna Comprehensive Plan (2016) and LWRP update currently being prepared by Wendel Companies, which, in its final form, will be adopted by the City Council to guide future development efforts.
- ❑ Order of Magnitude Cost estimates for the preferred site plan.
- ❑ Provide an Infrastructure Master Plan Schedule for years 1-5 with assigned responsibilities and in-depth analysis of funding strategies for each activity and project identified together with application deadlines and a description of the process for application. (Consultants should address federal and state grants and loans, TIF bond anticipation notes, developer financing arrangements, assessment agreements, developer guarantees, among other financial approaches.)

This Scope of Work has been prepared as a proposal guideline. It is the respondent's responsibility to add any other services and tasks that the consultant feels are necessary to complete the project.

C. Work Schedule and Task Breakdown by Personnel

Proposals should include a schedule for each major component of the work and a detailed breakdown of man hours for assigned personnel for each proposed task included in the Scope of Services. The estimated number of man-hours for specific, key personnel assigned to each task should be presented as part of the task breakdown.

D. Experience of Firm/Project Team

Firms, or their principals responding to this RFP, must be licensed to practice engineering in New York State and/or planning professionals. Proposals should include an organizational

chart, identifying the project manager and team members, with their titles. All proposed sub-consultants must also be identified, along with their project managers and key personnel. As part of the proposal, teams should provide a detailed case study of **one** project that best demonstrates their capacity to complete this project successfully or otherwise highlights the team's strengths. In selecting this one project, the team should consider: plans that have been successfully implemented, at least in part; projects where the individual team members have worked together; projects with innovative approaches or design features applicable to this site; and/or projects demonstrating an excellence of design that will serve as a legacy for both the design team and the sponsors.

E. Key Personnel

The project team should have a full-range of relevant planning, environmental and engineering expertise. Primary personnel in each of the noted disciplines must be identified by name and office location, with resumes included, and should demonstrate satisfactory experience and depth in each of the required disciplines.

For the proposal, we would like to see information on **one** project for each of the key personnel (maximum of three) that they would consider the highlight of their professional career, and the reasons why. This could be a project that demonstrates design excellence, or a project that overcame extraordinarily difficult circumstances to attain implementation, or a project whose process achieved a level of community building for the sponsor(s) that surpassed the initial goals of the project. Key personnel would include the Principal-in-Charge, Project Manager and Discipline Team Leaders.

F. Cost and Budget

The design consultant contract will be a fixed price or lump sum cost contract. Therefore, all proposals must contain a Lump Sum Cost Proposal for the scope of services delineated, inclusive of **all** expenses (there will be no reimbursables). Proposals must include a breakdown of the costs by the tasks outlined in the scope of services.

G. Personnel Allocation

The proposals must include a breakdown of personnel hours per task, with key personnel manpower allocations. General support staff man-power allocations may be listed generically by task.

Minority and Women-Owned Business Enterprise Utilization

The ILDC strongly encourages participation by Minority- and Women-Owned Business Enterprises as part of the team submitting qualifications for this work. All proposals must submit a statement indicating that the firm submitting the proposal will work toward a business utilization goal for minority business enterprise of 15% and women business enterprise of 5%.

Information Meeting & Site Walkover

An informational meeting and site tour will be held during the second week in December 2017 at the ECIDA/ILDC Offices to address any general questions that potential respondents may have regarding this RFP. The meeting will be followed by a site walkover (weather permitting). Teams will be notified as soon as possible regarding the date. Any other requests for RFP interpretations should be made in writing to ILDC (faxes will be accepted at 819-3654, attn. John Cappellino; or e-mail to jcappell@ecidany.com). No requests for oral interpretations via the telephone will be accepted.

Documents supporting this RFP will be posted to the website listed below. These include Site Maps for the Bethlehem Steel Site, 1989 City of Lackawanna LWRP, and presentation materials from the RFQ information meetings.

www.ecidany.com

SUBMISSION OF QUALIFICATION STATEMENTS:

Eight (8) copies of the Proposal must be submitted, no later than 4:00 PM, January 19, 2018, to:

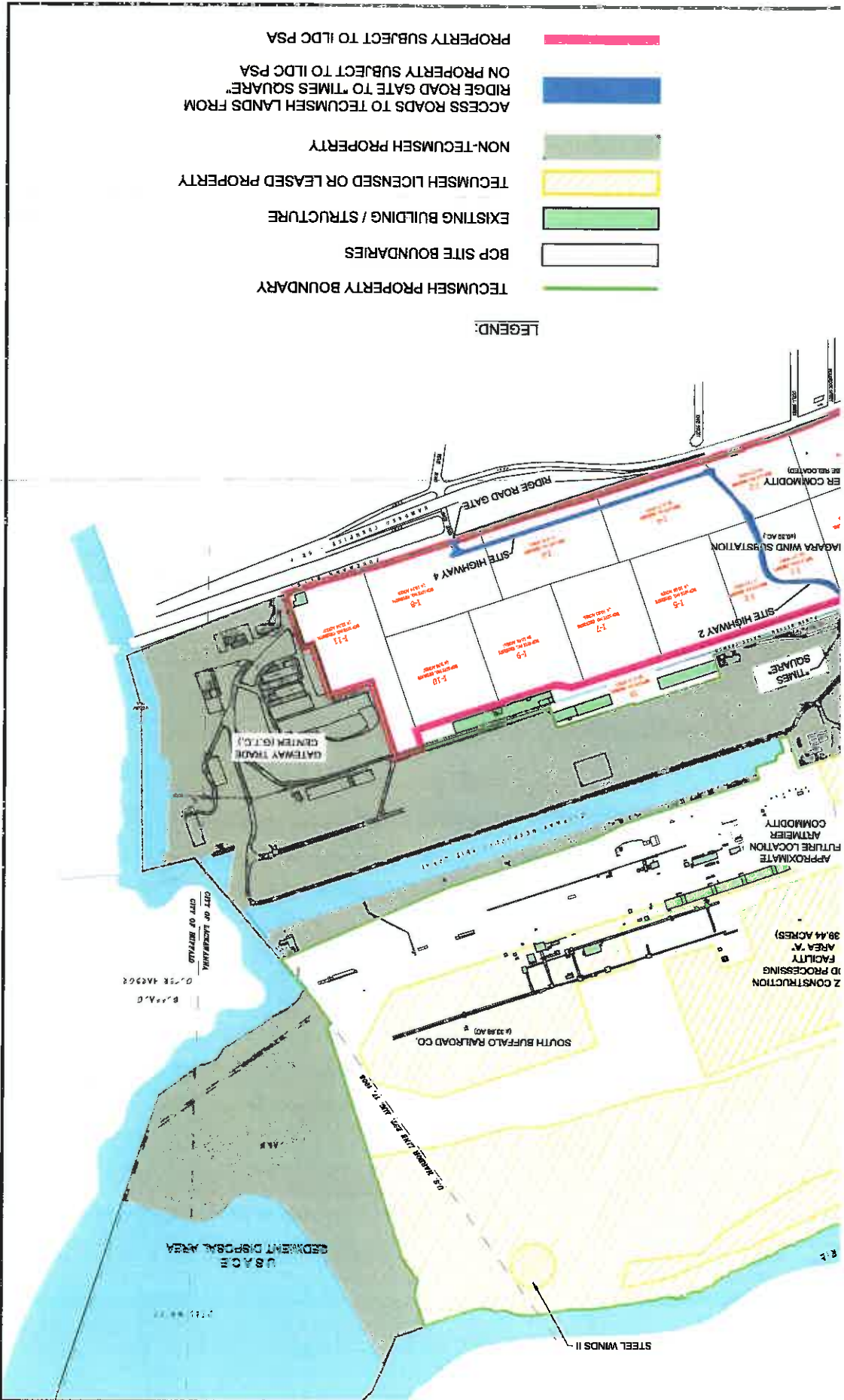
**John Cappellino
ECIDA/ILDC
95 Perry Street, Suite 403
Buffalo, New York, 14203**

SELECTION PROCESS:

ILDC will short list a maximum of three (3) teams from the Proposals for interviews. Interviews are expected to be conducted during the week of January 29-31, 2018. A final decision is anticipated by February 2, 2018.

ILDC does not assume the responsibility or liability for costs incurred by firms responding to this RFP or to any subsequent requests for proposals, interviews, additional information, submissions, etc. prior to issuance of a contract.

THE ILDC RESERVES THE RIGHT TO REJECT ANY OR ALL PROPOSALS, AND THE RIGHT TO WAIVE ANY INFORMALITIES THEREIN.



ACCESS ROADS

TECUMSEH LACKAWANNA SITE
LACKAWANNA, NEW YORK

PREPARED FOR
TECUMSEH REDEVELOPMENT INC.

EXHIBIT J

JOB NO.: 0071-015-124



2558 HAMBURG TURNPIKE, SUITE 300, BUFFALO, NY 14218, (716) 856-0589

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY	X	X				EACH OCCURRENCE \$ 1,000,000
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	Blanket Broad Form						PERSONAL & ADV INJURY \$ 1,000,000
	Contractual						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
		POLICY <input type="checkbox"/>	PRO-JECT <input type="checkbox"/>	<input checked="" type="checkbox"/> LOC			\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						\$
X	UMBRELLA LIAB	X	X				EACH OCCURRENCE \$ 5,000,000
	EXCESS LIAB						AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/>	RETENTION \$ 10,000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder shall be named as Additional Insured per ISO Form CG 20 26-Additional Insured Designated Person or Organization. Coverage applies on a Primary and Non-Contributory Basis.

CERTIFICATE HOLDER**CANCELLATION**

Erie County Industrial Development Agency
95 Perry Street, Suite 403
Buffalo, NY 14203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

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.

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

ADDENDUM INFORMATION CERTIFICATE NUMBER: _____ REVISION NUMBER: _____

A. Insurer

- ☐ Admitted / authorized
- ☐ Excess line or free trade zone

B. General Liability (GL) policy form

- ☐ ISO / ISO modified
- ☐ Other

C. Specific operations excluded or restricted (GL policy)

- ☐ Location: _____
- ☐ Type of construction: _____
- ☐ Building height: _____
- ☐ Classifications [see attached declarations / endorsement]
- ☐ Designated work [see attached endorsement]

D. Additional insured endorsement (GL policy)

- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38
- ☐ Other: #: _____ Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- ☐ Yes ☐ No and ☐ no other option is available with this insurer

F. Additional insured will receive advance notice if insurer cancels (GL policy)

- ☐ Yes ☐ No and ☐ no other option is available with this insurer

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

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- ☐ 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)

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named Insured vs. named Insured)

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

☐ Yes, by specific policy provision ☐ Yes, by endorsement ☐ No and ☐ no other option is available with this insurer

AUTHORIZED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)

ACORD 855 NY (2014/05) - New York Construction Certificate of Liability Insurance Addendum

ACORD 855 NY, New York Construction Certificate of Liability Insurance Addendum, may be used to supplement ACORD 25, Certificate of Liability Insurance, in the state of New York, to provide more information about the policy's coverage when required by the certificate holder. It is not intended to answer specific coverage questions, but merely to indicate areas of coverage where the solicitation of more details may be expedient (e.g., examination of the actual policy forms).

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the NAIC.
ADDENDUM INFORMATION	Certificate Number	Enter identifier: The producer assigned number for the certificate.
ADDENDUM INFORMATION	Revision Number	Enter number: The producer assigned revision number for the certificate.
ADDENDUM INFORMATION	A. Insurer - Admitted / Authorized (check box)	Check the box (if applicable): Indicates that this is a group of insurers that is admitted or authorized in the state of New York.

<p align="center">ADDENDUM INFORMATION</p>	<p align="center">Excess Line or Free Trade Zone (check box)</p>	<p>Check the box (if applicable): Indicates that this a group of insurers (known as surplus lines in other states) that are not authorized in the state of New York, but are included on the stamping list of approved unauthorized insurers maintained by the Excess Line Association of New York. The coverage implications are that these insurers are exempt from filing their rate and forms with the Department of Financial Services. Significant variance in the language of forms and endorsements should be expected with these policies. In addition, policies written by unauthorized insurers are not afforded by the insolvency protection of the Property / Casualty Insurance Security Fund.</p> <p>Free Trade Zone refers to regulatory exemptions for "special risks" that may be written by authorized insurers having a special FTZ license. FTZ provisions allow these insurers an exemption from rate and form filing requirements so they may effectively compete with excess line insurers in the "special risks" market. They are authorized insurers, so the Property / Casualty Insurance Security Fund is applicable to policies written by them.</p>
<p align="center">ADDENDUM INFORMATION</p>	<p align="center">B. General Liability (GL) Policy Form - ISO / ISO Modified (check box)</p>	<p>Check the box (if applicable): Indicates that the Insurance Service Office, Inc develops standard insurance forms for use by its member insurers. The ISO CG 00 01 Commercial General Liability Coverage Form is often used to insure construction risks. With access to the list of forms on the declarations, the extent of coverage can be determined from these standard forms, which are generally available from policyholders and industry representatives. Another benefit in using standard forms is that the language has undergone years of judicial interpretation, which gives the determination of coverage more certainty. However, it is not uncommon for insurers to modify the basic ISO CGL form with language preferred by the insurer.</p>
<p align="center">ADDENDUM INFORMATION</p>	<p align="center">Other (check box)</p>	<p>Check the box (if applicable): Indicates that insurers have filed proprietary forms of their own, which makes comparisons with standard forms more difficult and language interpretation less certain.</p>

<p>ADDENDUM INFORMATION</p>	<p>C. Specific Operations Excluded or Restricted (GL Policy) - Location (check box)</p>	<p>Check the box (if applicable): Indicates that specific operations are excluded or restricted on the GL policy. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific location, three standard ISO endorsements exist that can be used to restrict coverage by location:</p> <p>CG 21 00 Exclusion - All Hazards In Connection With Designated Premises This endorsement allows the insurer to describe a location of premises where coverage is excluded. For example it may exclude all work conducted in New York City.</p> <p>CG 21 34 Exclusion - Designated Work This endorsement excludes the completed operations liability exposure for work shown in the schedule, which could be a project or designated work at a specific location. More likely, it would exclude work of a specific type and/or during a specific time period. Ongoing operations remain covered.</p> <p>CG 21 53 Exclusion - Designated Ongoing Operations This endorsement excludes the ongoing operations liability exposure of a specific type. The excluded operation also can be specific to a location. Completed operations remain covered.</p> <p>Nonstandard endorsements may restrict coverage to a specific location eliminating all others.</p>
<p>ADDENDUM INFORMATION</p>	<p>Location</p>	<p>Enter text: The specific description of the location being excluded if applicable or indicate if the location is for a project or designated work at a specific location.</p>
<p>ADDENDUM INFORMATION</p>	<p>Type of Construction (check box)</p>	<p>Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of construction on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific type of construction, nonstandard endorsements may designate residential, single-family, apartment, condominium, townhome, track home, habitational or commercial construction as restricted or excluded.</p>
<p>ADDENDUM INFORMATION</p>	<p>Type of Construction</p>	<p>Enter text: The description of the building's occupancy. As used here, indicates the type of construction and indicates the location is occupied as either a residential, single family, apartment, condominium, townhouse, track home, habitational or commercial structure.</p>
<p>ADDENDUM INFORMATION</p>	<p>Building Height (check box)</p>	<p>Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of building height on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific building height, nonstandard endorsements may designate the number of floors / stories that are either covered or excluded.</p>
<p>ADDENDUM INFORMATION</p>	<p>Building Height</p>	<p>Enter number: The number of stories or floors for this building not including any basement.</p>
<p>ADDENDUM INFORMATION</p>	<p>Classifications (check box)</p>	<p>Check the box (if applicable): Indicates that the specific operations are excluded or restricted by type of classifications on a GL policy. However, there is no standard endorsement for this purpose. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific risk classification, nonstandard endorsements may designate specific classifications as either covered or excluded.</p>

ADDENDUM INFORMATION	Designated Work (check box)	<p>Check the box (if applicable): Indicates that the specific operations are excluded or restricted by designated work on a GL policy. While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form does not limit its coverage to any specific work designation, three standard ISO endorsements exist that can be used to restrict coverage by designated work:</p> <p>CG 21 34 Exclusion - Designated Work This endorsement excludes the completed operation liability exposure for designated work shown in the schedule. Ongoing operations remain covered.</p> <p>CG 21 53 Exclusion - Designated Ongoing Operations This endorsement excludes the ongoing operations liability exposure of a specific type. The excluded operation also can be specific to a location. Completed operations remain covered.</p> <p>CG 21 86 Exclusion - Exterior Insulation and Finish Systems This endorsement excludes the ongoing operations and products / completed operations liability exposures that arise from the presence of EIFS-clad exterior work or products.</p> <p>Nonstandard endorsements may designate specific work or operations as either covered or excluded.</p>
ADDENDUM INFORMATION	D. Additional Insured Endorsement (GL Policy) - CG 20 10 (check box)	<p>Check the box (if applicable): Indicates the CG 20 10 Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization endorsement is requested. The current edition of the endorsement insures as an additional insured in the described person or organization or "ongoing operations" of the named insured performed for the additional insured. For example, a subcontractor's policy could name the general contractor as an additional insured.</p>
ADDENDUM INFORMATION	CG 20 26 (check box)	<p>Check the box (if applicable): Indicates the CG 20 26 Additional Insured - Designated Person Or Organization endorsement is requested. The current edition of this endorsement insures as an additional insured the described person or organization for the named insured's 1) performance of "ongoing operations" and 2) premises exposures. The covered "ongoing operations" do not necessarily have to be performed for the additional insured.</p>
ADDENDUM INFORMATION	CG 20 32 (check box)	<p>Check the box (if applicable): Indicates the CG 20 32 Additional Insured - Engineers, Architects Or Surveyors Not Engaged By The Named Insured endorsement is requested. The current edition of this endorsement insures as an additional insured the described engineer, architect or surveyor for the named insured's performance of "ongoing operations." This coverage applies when the named insured is obligated by contract to add the engineer, architect or surveyor on the policy, but has not actually engaged their work. The CG 20 07 would be used when the engineer, architect or surveyor is engaged by the named insured to do the work.</p>
ADDENDUM INFORMATION	CG 20 33 (check box)	<p>Check the box (if applicable): Indicates the CG 20 33 Additional Insured - Owners, Lessees Or Contractors - Automatic Status When Required In Construction Agreement With You endorsement is requested. The current edition of this endorsement insures as an additional insured for any person or organization for "ongoing operations" of the named insured performed for the additional insured. However, this automatic coverage requires a written agreement obligating the named insured to add the additional insured on the policy.</p>

ADDENDUM INFORMATION	CG 20 37 (check box)	<p>Check the box (if applicable): Indicates the CG 20 38 Additional Insured - Owners, Lessees Or Contractors - Completed Operations endorsement is requested. The current edition of this endorsement insures as an additional insured the described person or organization for "completed operations," resulting from work (described by location) the named insured performed for the additional insured. This endorsement can restore the "completed operations" coverage that previously was included in the 1985 edition of the CG 20 10 endorsement.</p>
ADDENDUM INFORMATION	CG 20 38 (check box)	<p>Check the box (if applicable): Indicates the CG 20 38 Additional Insured - Owners, Lessees Or Contractors - Automatic Status For Other Parties When Required In Written Construction Agreement endorsement is requested. The current edition of the endorsement insures as an additional insured any person or organization for "ongoing operations" of the named insured performed for the additional insured. Unlike the CG 20 33 endorsement, this endorsement also provides additional insured status to all parties the named insured agrees in writing to insure.</p>
ADDENDUM INFORMATION	Other (check box)	<p>Check the box (if applicable): Indicates an endorsement other than those listed has been selected.</p>
ADDENDUM INFORMATION	Endorsement Number	<p>Enter identifier: The number of the other Additional Insured endorsement.</p>
ADDENDUM INFORMATION	Endorsement Title	<p>Enter text: The full title name of the other Additional Insured endorsement.</p>
ADDENDUM INFORMATION	E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage - Yes (check box)	<p>Check the box (if applicable): Indicates the additional insured on the policy has primary and noncontributory coverage. The typical general liability policy (for example, the ISO CG 00 01 Commercial General Liability Coverage Form) provides primary coverage to insureds, except when the coverage is specifically stated as excess in the Other Insurance provision of the policy. However, this primary coverage will contribute (i.e., share) with any other coverage available to the insured on the same primary basis. For example, since the general contractor typically has primary general liability coverage as a named insured, that policy would share the loss with the policy providing the general contractor coverage as an additional insured.</p> <p>ISO provided a solution in 1996 to prevent contribution between the two policies by adding language to the Other Insurance provision that would make the general contractor's policy excess over the policy that insures the general contractor as an additional insured. Nevertheless since the subcontractor's producer is not privy to the policy terms on the general contractor's policy, it would be reckless of the producer to warrant that coverage would NOT be shared (i.e., noncontributory).</p> <p>Consequently, ISO provided an alternate solution with its optional Primary and Noncontributory - Other Insurance Condition endorsement (CG 20 01). Insurers may adopt this endorsement filing in New York effective April 1, 2013. The endorsement states that the (subcontractor's) insurer will not seek contribution from the policy of the additional insured (general contractor). However the endorsement requires that there be an underlying written contract or agreement stating that the (subcontractor's) coverage for the additional insured (general contractor) must be primary and noncontributory. When the endorsement is added to the policy, the certificate unequivocally can state that coverage is "primary and noncontributory."</p> <p>There have been non standard endorsements in use prior to ISO's introduction of the CG 20 01 endorsement so watch for these forms, observing the variance in language.</p>

ADDENDUM INFORMATION	No and (check box)	Check the box (if applicable): According to the terms of the GL policy, indicates the additional insured on the policy does not have primary and noncontributory coverage.
ADDENDUM INFORMATION	No other option available with this insurer (check box)	Check the box (if applicable): According to the terms of the GL policy, indicates the additional insured on the policy does not have primary and noncontributory coverage and that no other option is available with this insurer.
ADDENDUM INFORMATION	F. Additional insured will receive advance notice if insurer cancels (GL policy) - Yes (check box)	Check the box (if applicable): Indicates the additional insured will receive advance notice if the insurer cancels the GL policy. There is no standard endorsement for this purpose. Some insurers will provide notice using nonstandard endorsements, but this is rare. Even if such endorsement is available, it may not provide notice resulting from nonpayment of premium or cancellation by the policyholder.
ADDENDUM INFORMATION	No and (check box)	Check the box (if applicable): Indicates the additional insured will not receive advance notice if the insurer cancels the GL policy.
ADDENDUM INFORMATION	No other option available with this insurer (check box)	Check the box (if applicable): Indicates that the additional insured will not receive advanced notice if the insured cancels the GL policy and no other option is available from this insurer.
ADDENDUM INFORMATION		Check the box (if applicable): Indicates the blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted.
		Item f. of the "insured contract" definition in the ISO CG 00 01 Commercial General Liability Coverage Form is a good example of what is meant by blanket contractual liability. It reads as follows: That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.
	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 - Yes (check box)	This is an important policy provision that will, for example, insure a subcontractor's indemnification of a general contractor. ISO has a standard CG 21 39 Contractual Liability Limitation endorsement that can be used for the removal of Item f. in the "insured contract" definition. If removed, there will be no coverage to back up the indemnification agreement. While the ISO CG 24 26 Amendment Of Insured Contract Definition endorsement may routinely be attached to a policy in order to exclude coverage for the sole negligence of an indemnitee, it has no relevance in New York where General Obligations Law Section 5-322.1 makes such indemnification unenforceable.
ADDENDUM INFORMATION	No other optional available with this insurer (check box)	Check the box (if applicable): Indicates that the blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted and no other option is available with this insurer.

ADDENDUM INFORMATION	No changes made (check box)	Check the box (if applicable): Indicates that no changes are made to the policy regarding blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f.) in the ISO CG 00 01.
ADDENDUM INFORMATION	H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy) - Yes and (check box)	<p>Check the box (if applicable): Indicates the "insured contract" exception to the employer's liability exclusion is removed or modified (GL policy).</p> <p>While suits by injured employees against the named insured [employer] are excluded (WC is the exclusive remedy), the exception in the ISO CG 00 01 Commercial General Liability Coverage Form affords "insured contract" coverage when the injured employee, for example, sues the general contractor and the named insured [employer] has indemnified the general contractor for such suits.</p> <p>While there is no standard endorsement that removes or modifies this exception to the employer's liability exclusion, some insurers have made use of policy wording or nonstandard endorsements to eliminate this coverage.</p>
ADDENDUM INFORMATION	No other option is available with this insurer (check box)	Check the box (if applicable): Indicates the "insured contract" exception to the employer's liability exclusion is removed or modified on the GL policy and no other option is available with this insurer.
ADDENDUM INFORMATION	No changes made (check box)	Check the box (if applicable): Indicates that no changes were made to the "insured contract" exception to the employer's liability exclusion on the ISO CG 00 01.
ADDENDUM INFORMATION	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) - Yes and (check box)	<p>Check the box (if applicable): Indicates the 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).</p> <p>The ISO CG 00 01 Commercial General Liability Coverage Form and ISO Additional Insured endorsements do not exclude suits by an injured employee against an insured who is not the employer. While there is no standard endorsement that eliminates coverage for an additional insured when suits are made by employees of the named insured, insurers have used policy wording or nonstandard endorsements for this purpose.</p> <p>For example, simply changing the wording of the employer's liability exclusion from "employees of the insured" to "employees of any insured" will preclude coverage for all insureds, whether the injured person is employed by that insured or not. When a general contractor is an additional insured, the modified exclusion prevents the subcontractor's policy from insuring the general contractor for injuries to employees of the subcontractor.</p>
ADDENDUM INFORMATION	No other option is available with this insurer (check box)	Check the box (if applicable): Indicates that the 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) and no other option is available with this insurer.
ADDENDUM INFORMATION	No changes made (check box)	Check the box (if applicable): Indicates that no changes were made to the GL policy (including endorsements) regarding additional insured coverage for claims involving injury to employees of the named insured or subcontractors.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ADDENDUM INFORMATION (continued)	J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy) - Yes and (check box)	<p>Check the box (if applicable): Indicates that earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted on the GL policy.</p> <p>While the unendorsed ISO CG 00 01 Commercial General Liability Coverage Form has no restriction applicable to earth movement, excavation, explosion (blasting), collapse or underground property hazards, two standard ISO endorsements exist that can be used to modify this coverage:</p> <p>CG 21 42 Exclusion – Explosion, Collapse And Underground Property Damage Hazard (Specified Operations) This endorsement allows the insurer to exclude ongoing operations for specific hazards (i.e., "collapse hazard"; "explosion hazard"; and/or "underground property damage hazard") by location and/or operations designated on the endorsement.</p> <p>CG 21 43 Exclusion – Explosion, Collapse And Underground Property Damage Hazard (Specified Operations Excepted) This endorsement allows the insurer to exclude ongoing operations for all three specific hazards (i.e., "collapse hazard"; "explosion hazard"; and "underground property damage hazard"), except the specific hazard(s) included in operations and/or locations designated on the endorsement.</p> <p>Nonstandard endorsements may reference excluded hazards, such as, earth movement, subsidence or excavation.</p>
ADDENDUM INFORMATION (continued)	No other option is available with this insurer (check box)	Check the box (if applicable): Indicates that earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted on a GL policy and no other option is available with this insurer.
ADDENDUM INFORMATION (continued)	No changes made (check box)	Check the box (if applicable): Indicates that no changes have been made to the GL policy regarding earth movement, excavation or explosion / collapse or underground property damage.

<p>ADDENDUM INFORMATION (continued)</p>	<p>K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured) - Yes and (check box)</p>	<p>Check the box (if applicable): Indicates that insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured).</p> <p>General liability policies typically cover more than one person or entity, consisting of named insureds, automatically defined insureds and additional insureds. Cross liability refers to one insured's suit against another insured.</p> <p>Coverage for cross liability suits among insureds can be impacted by several provisions located in different parts of the policy. The ISO CG 00 01 Commercial General Liability Coverage Form includes the following condition that opens the coverage door to cross liability suits between insureds:</p> <p>7. Separation Of Insureds Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the First Named Insured, this insurance applies:</p> <p>a. As if each Named Insured were the only Named Insured; and</p> <p>b. Separately to each insured against whom claim is made or "suit" is brought.</p> <p>Subject to other policy provisions, it is here we find the policy is applied so every insured enjoys the same coverage it would have had if a separate policy had been issued for that insured (except with respect to the limits). If there is no other restrictive wording, an additional insured would be covered for a suit by an employee of the named insured (who is a defined insured in the policy).</p> <p>While there is no standard endorsement to remove coverage for an additional insured sued by an employee of the named insured, some insurers have made use of nonstandard endorsements to restrict cross liability suits.</p>
<p>ADDENDUM INFORMATION (continued)</p>	<p>No other option is available with this insurer (check box)</p>	<p>Check the box (if applicable): Indicates that insured vs. insured suits (cross liability in the ISO CGL Policy) are excluded or restricted (other than named insured vs. named insured) and no other option is available with this insurer.</p>
<p>ADDENDUM INFORMATION (continued)</p>	<p>No changes made (check box)</p>	<p>Check the box (if applicable): Indicates that no changes have been made to the ISO CGL policy regarding insured vs. insured suits.</p>

<p>ADDENDUM INFORMATION (continued)</p>	<p>L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted - Yes and (check box)</p>	<p>Check the box (if applicable): Indicates that property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted.</p> <p>The following exception to the Damage To Your Work exclusion appears in the ISO CG 00 01 Commercial General Liability Coverage Form:</p> <p>This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.</p> <p>Because of this exception, the exclusion for property damage arising from completed operations applies only to work performed by the named insured, and when such work results in the property damage. Two standard ISO endorsements exist that can be used to modify this coverage:</p> <p>CG 22 94 Exclusion – Damage To Work Performed By Subcontractors On Your Behalf This endorsement removes the exception to the Damage To Your Work exclusion, eliminating coverage for the entire work, whether performed by the named insured or not.</p> <p>CG 22 95 Exclusion – Damage To Work Performed By Subcontractors On Your Behalf – Designated Sites Or Operations As the title of this endorsement suggests, it allows underwriting flexibility by targeting the removal of the exception to designated sites or operations.</p> <p>Also, note that coverage is excluded in the Damage To Property exclusion for property damaged while being worked on. Some of this exposure can be insured with a Builders Risk policy.</p>
<p>ADDENDUM INFORMATION (continued)</p>	<p>No other option is available with this insurer (check box)</p>	<p>Check the box (if applicable): Indicates that property damage to work performed by subcontractors (exception to the "damage to your work" exclusion on the ISO CGL policy) is excluded or restricted and no other option is available with this insurer.</p>
<p>ADDENDUM INFORMATION (continued)</p>	<p>No changes made (check box)</p>	<p>Check the box (if applicable): Indicates that no changes have been made to the ISO CGL policy regarding property damage to work performed by subcontractors.</p>

ADDENDUM INFORMATION (continued)	M. Excess / umbrella policy is primary and non-contributory for additional insureds - Yes by specific policy provision (check box)	<p>Check the box (if applicable): Indicates the excess / umbrella policy is primary and noncontributory for additional insureds by specific policy provision.</p> <p>True follow form excess / umbrella policies are extremely rare, so care should be taken to examine the provisions of these policies.</p> <p>The issue of primary and noncontributory coverage takes on a more complex dimension with regard to excess / umbrella policies because of the additional insured's access to multiple policies at different levels of priority.</p> <p>"Vertical Exhaustion" establishes coverage priority for the additional insured in such a way as to require the exhaustion of primary and excess policies purchased by the [downstream] subcontractor before any policies purchased by the [upstream] general contractor respond with payment.</p> <p>"Horizontal Exhaustion" establishes coverage priority for the additional insured in such a way as to require the exhaustion of all primary policies available to the [upstream] general contractor before the excess policy purchased by the [downstream] subcontractor responds with payment.</p> <p>New York courts do not use the actual terms "vertical" or "horizontal" exhaustion, but refer to these issues as "priority of coverage" and rely on the "Other Insurance" clauses contained in policies to resolve priority issues. Therefore, close examination of these clauses is essential.</p>
ADDENDUM INFORMATION (continued)	Yes by endorsement (check box)	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is primary and noncontributory for additional insureds by endorsement.</p>
ADDENDUM INFORMATION (continued)	No and (check box)	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is not primary and noncontributory for additional insureds.</p>
ADDENDUM INFORMATION (continued)	No other option is available with this insurer (check box)	<p>Check the box (if applicable): Indicates that the excess / umbrella policy is not primary and noncontributory for additional insureds and no other option is available with this insurer.</p>
SIGNATURE	Authorized Representative Signature	<p>Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.</p>
SIGNATURE	Date	<p>Enter date: The date the producer signed the form.</p>



NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

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.

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

ADDENDUM INFORMATION

CERTIFICATE NUMBER:

REVISION NUMBER:

A. Insurer

- ☐ Admitted / authorized {This can mean licensed or authorized}
- ☐ Excess line or free trade zone {Non-admitted/Free Trade Zone - meant to raise a flag to owner/GC that forms are not filed}

B. General Liability (GL) policy form

- ☐ ISO / ISO modified
- ☐ Other {Likely to get a question from an owner/GC}

C. Specific operations excluded or restricted (GL policy)

- ☐ Location: {Example: NYS Boroughs}
- ☐ Type of construction: {Example: Residential}
- ☐ Building height: {Example: Height restrictions/exclusions}
- ☐ Classifications [see attached declarations / endorsement] {Example: roofing, structural steel}
- ☐ Designated work [see attached endorsement] {Same}

D. Additional insured endorsement (GL policy) {Owner is to assume 04/13 edition}

- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38
- ☐ Other: #: _____ Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- ☐ Yes ☐ No and ☐ no other option is available with this insurer {It is expected that the answer yes will be seldom unless specifically endorsed i.e., CG 20 01}

F. Additional insured will receive advance notice if insurer cancels (GL policy) {Can be specifically endorsed in many cases}

- ☐ Yes ☐ No and ☐ no other option is available with this insurer

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

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made {Looking for no Contractual Exclusion. Example: CG 21 39}

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy) {Exclusion Not Likely}

- ☐ 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)

- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made {No exclusion for 3rd Party action over claims}

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)☐ Yes and☐ no other option is available with this insurer☒ No changes made

{Looking for no changes to the GL Policy}

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)☐ Yes and☐ no other option is available with this insurer☒ No changes made

{Looking for no changes to the GL Policy}

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted☐ Yes and☐ no other option is available with this insurer☒ No changes made

{CG 22 94 - Damage to work performed by subcontractors on your behalf}

{CG 22 95 - Damage to work performed by subcontractor on your behalf - designated sites}

M. Excess / umbrella policy is primary and non-contributory for additional insureds☒

Yes, by specific policy provision

☒

Yes, by endorsement

☐

No and

☐

no other option is available with this insurer

{Looking for Excess to be primary/non-contributory - no horizontal exhaustion
True Follow form excess/umbrella are rare}

AUTHORIZED REPRESENTATIVE SIGNATURE_____
DATE (MM/DD/YYYY)

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

**STATE OF NEW YORK
WORKER'S COMPENSATION BOARD**

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name and Address of Insured (Use street address only) 	1b. Business Telephone Number of Insured 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number
2. Name and Address of the Entity requesting Proof of Coverage (Entity being listed as the Certificate Holder) Erie County Industrial Development Agency 95 Perry Street, Suite 403 Buffalo, NY 14203	3a. Name of Insurance Carrier 3b. Policy Number of Entity listed in box "1a": 3c. Policy effective period: _____ to _____

4. Policy covers:

- a. ☒ All of the employer's employees eligible under the New York Disability Benefits Law
- b. ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits Insurance coverage as described above.

Date Signed _____ By _____
 (Signature of Insurance carrier's authorized representative or NYS Licensed Insurance Agent of that Insurance carrier)

Telephone Number _____ Title _____

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
 If box "4b" is checked, this certificate is NOT COMPLETE for the purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, NY 12207.

PART 2. To be completed by NYS Worker's Compensation Board (Only if box "4b" of Part 1 has been checked)

**State of New York
Worker's Compensation Board**

According to information maintained by the NYS Worker's Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed _____ By _____
 (Signature of NYS Worker's Compensation Board Employee)

Telephone Number _____ Title _____

Please Note: Only insurance carriers licensed to write NYS Disability Benefits Insurance policies and NYS Licensed Insurance Agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box "3" on this form is certifying that it is insuring the business referenced in Box "1a" for disability benefits under the New York State Disability Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box "2". This certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in Box "3c".

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

Section 220. Subd. 8

(a) The head of state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of state or municipal department, board, commission, or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption ONLY to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may NOT use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

In the Application of (Legal Entity Name and Address):	Business Applying For: Contract with Government Agency From: ERIE COUNTY INDUSTRIAL DEVELOPMENT AGENCY
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC**

WORKERS' COMPENSATION INSURANCE COVERAGE for the following reason:

The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.

Partners / Members:

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY**

DISABILITY BENEFITS INSURANCE COVERAGE for the following reason:

The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, _____, am the AGENT with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date:
Exemption Certificate Number		Received
		NYS Workers' Compensation Board

Help for Requesting a WC/DB Certificate of Attestation of Exemption

A Request for WC/DB Exemption can be completed on-line by applicants who are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.

A Request for WC/DB Exemption can be completed on-line by applicants who are not required to carry NYS workers' compensation and/or disability benefits insurance coverage.

The Certificate of Attestation of Exemption can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance coverage.

Effective September 9, 2007, all out-of-state employers with employees working in NYS are required to carry a full, statutory NYS workers' compensation insurance policy.

Certificates of Attestation of Exemption contain a unique certificate number used by government officials to verify the validity of the certificate.

Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job specific and a separate certificate will be required for each building permit.

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1. Helpful Information:

- There is a link at the top of each page that will help explain in detail the information required to Request a WC/DB Exemption.
- When moving from page to page always use the buttons on the page that contains the information. Do not use the browser toolbar "Back" and "Forward" buttons to navigate the pages.

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2. Technical Information:

- **Pop-up Blocker:** If Pop-Up Blockers are enabled, certain messages, and viewing and printing of the Certificate of Attestation of Exemption will not display. Please adjust your browser setting to allow Pop-ups for this web site. For additional information regarding Pop-up Blockers, see your Browser's Help File.
- **Download Free Adobe Reader:** In order to be able to view the results as a PDF, you will need a PDF viewer. Here is a link to [open a new browser window with information on how to download a FREE Adobe Reader](#). You must have an Adobe Reader version 4.0 or later to view the PDF Certificate of Attestation of Exemption provided upon the submission of the Request for WC/DB Exemption to New York State Workers' Compensation Board.
- If the PDF looks completely blank in your PDF viewer, left click on your browser's refresh icon to have the Certificate of Attestation of Exemption appear.
- If you are having problems printing a completed CE-200, please e-mail the Workers' Compensation Board at general_information@wcb.ny.gov or call (866) 546-9322.
- For Computer Technical Support, please e-mail the Workers' Compensation Board at helpdesk@wcb.ny.gov or call (866) 890-5863.

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3. Getting Started:

- The combination of PIN, Mother's Maiden Name and Business Phone Number entered on the Sign On screen will be used as your unique electronic signature. This will allow you, and only you, to view and/or print other Certificates of Attestation of Exemption you have previously requested.

- If you leave the web application or close the browser session without completing the response, only totally completed web pages, up to and including Legal Entity Information, will be saved. After the Legal Entity Information page, all information entered will be lost. You will need to start over again and complete the request, then submit the request to the New York State Workers' Compensation Board.
- Signing on to the web application:
 - Enter a 4-digit PIN - Enter a 4-digit number that will be used as part of your unique electronic signature.
 - The 4-digit PIN is not issued by the Workers' Compensation Board.
 - The 4-digit PIN is any 4-digit number you wish to enter that may be easy for you to remember for future use. Using this same PIN, Mother's Maiden Name and Business Phone Number for additional requests, will allow you to view previously submitted requests for exemptions and save you from having to re-enter some data from scratch.
 - Confirm the PIN - Re-enter the above 4-digit PIN for confirmation.
 - Mother's Maiden Name - Enter your Mother's Maiden Name. This will also be used as part of your unique electronic signature.
 - Business Phone # - Enter your Business Phone Number. This will also be used as part of your unique electronic signature.
- Forgot your PIN?
 - No Problem - Just enter a new 4-digit number, confirm this new number and complete the remainder of the sign on screen.
 - This new PIN along with the data you enter for Mother's Maiden Name and Business Phone Number will now become your unique electronic signature.
 - Since your unique electronic signature is based on the combination of PIN, Mother's Maiden Name and Business Phone Number, previously submitted requests for exemptions under the old PIN will not display when entering the new PIN.

• If you experience problems signing on to the Request for WC/DB Exemption web application, [contact us](#).

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4. List of Certificates:

- Certificates of Attestation of Exemption are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job specific and a separate certificate will be required for each building permit. Based on your unique electronic signature, if you previously completed a request for an exemption, upon signing on to the web application, you will be directed to a list of all your previous Certificates of Attestation of Exemption. You will be able to view them and/or reprint them, if necessary.
- To view or print a previously submitted request, click on the Exemption Certificate Number.
- If you encounter problems printing a completed Certificate, please e-mail the Workers' Compensation Board at general_information@wcb.ny.gov or call (866) 546-9322.
- When requesting a New WC/DB Exemption, if a Request for a WC/DB Exemption has been submitted or previously started, the Applicant Personal Information and Legal Entity Information web pages will be pre-filled with information from your most current request. You should verify that information and make any necessary changes before continuing to the next web page.

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5. Applicant Personal Information:

- The Request for WC/DB Exemption must be completed by one of the following:
 - the business owner;
 - an officer with the authority to act on behalf of the business;
- First Name
 - Enter the First Name of the individual filling out this request.
- MI
 - Enter the Middle Initial of the individual filling out this request.
- Last Name
 - Enter the Last Name of the individual filling out this request.
- Title
 - Title refers to the position held by the individual filling out this request.
 - The Title is defaulted to Sole Proprietor. Select the Title of the individual filling out this request.
 - Select OTHER if your title is not listed and enter your title in Other Title.
- Other Title
 - Enter Other Title if appropriate.
- Address Line 1
 - Enter the Applicant's home street address (not the business address) in Address Line 1.
- Address Line 2
 - Enter additional address information in Address Line 2 if necessary.
- City

- Enter the City.
- State
 - The State is defaulted to New York. Select another State if necessary.
- Zip Code
 - Enter the 5-digit or 9-digit Zip Code.
- Country
 - The Country is defaulted to United States. Select another Country if necessary.
- Contact Phone #:
 - Enter the area code and phone number of the Applicant for contact information. Hyphens and parenthesis are not needed.
- Applicant E-mail
 - Enter the e-mail address of the Applicant for contact information. This is not a required field.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

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6. Legal Entity Information:

- Business FEIN or SSN
 - A FEIN (Federal Employer Identification Number) is a number assigned by the Internal Revenue Service to identify a business entity. Generally, all businesses need a FEIN. You will not be able to proceed any further electronically without a FEIN or SSN (Social Security Number).
 - Enter the 9-digit Federal Employer Identification Number (FEIN) or Social Security Number (SSN) of the business. Hyphens are not needed.
- Legal Entity Name
 - Legal Entity is the business's legally filed name with the Department of State or County Clerk.
 - The Legal Entity Name defines the business structure of an employer such as a sole proprietorship under the employer's name or a named partnership, corporation, LLC, LLP or other business structure deemed to be "an employer" under the Workers' Compensation Law.
 - If the Applicant selects Sole Proprietor or Owner as his/her title, the Legal Entity Name will be populated with the Applicant's name. Make changes to the Legal Entity Name, if necessary.
- Doing Business As Name
 - Doing Business As refers to the name the business is known by or trade name.
 - Enter the Doing Business As Name (DBA) or trading as (T/A) if applicable. Usually, a sole proprietor will have a DBA name.
- Click box if Business Address is the same as the Applicant Personal Address
 - If the Applicant's address and the Business Address are the same, clicking this box will automatically pre-fill the address information and the user will not have to enter that information again.
- Address Line 1
 - Enter the Business' street address in Address Line 1.
- Address Line 2
 - Enter additional address information in Address Line 2 if necessary.
- City
 - Enter the City.
- State:
 - The State is defaulted to New York. Select another State if necessary.
- Zip Code
 - Enter the 5-digit or 9-digit Zip Code.
- Country
 - The Country is defaulted to United States. Select another Country if necessary.
- Business Phone #:
 - Enter the area code and phone number of the Business. Hyphens and parenthesis are not needed.
- Business E-mail
 - Enter the e-mail address of the Business. This is not a required field.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

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7. Permit/License/Contract Information:

- Nature of Business

- Nature of Business refers to the type of work being performed (i.e., construction, plumbing, restaurant, speech-language pathologist, etc.).
- Select the Nature of Business.
- Select OTHER if business type is not listed and enter the type of work being performed in Other Business Type.
- **Other Business Type**
 - Enter Other Business Type if appropriate.
- **Applying For** Contract with Government Agency
 - Select the type of permit, license or contract being requested.
 - Select OTHER if permit, license or contract type is not listed and enter what you are applying for in Other Type of Request.
- **Other Type of Request**
 - Enter Other Type of Request if appropriate.
- **Issuing Governmental Agency** Erie County Industrial Development Agency
 - Enter the governmental agency issuing the permit, license or contract.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

Performing Arts Exemption:

- If applicant's Nature of Business is Performing Artists used by Film/TV/Radio/Theater or the Type of Permit applicant is applying for is Child Performers or Filming Production (NYC), he/she will be directed to the Performing Arts Exemption web page.
- To receive a Performing Arts Exemption, please contact the Workers' Compensation Board's Bureau of Compliance at (518) 486-6307.

Job Site Location Information:

- If applicant is applying for a Building Permit, Electrical Permit or Plumbing Permit, he/she will be directed to the Job Site Location Information web page to gather additional information relating to the location of the work to be done and estimated timeframe.
- Certificates for building permits, electrical permits and plumbing permits are job specific and must list the physical location of where the work will be performed.
- **Project From Date**
 - The date the work is expected to begin. This date cannot be before the current date.
- **To Date**
 - The date the work is expected to be completed. This date cannot be more than one year from the beginning of the project.
- **Estimated Dollar Value**
 - Select a dollar range which reflects estimated costs.
- **Address Line 1**
 - Enter the street address of the location of the work to be done.
- **Address Line 2**
 - Enter additional address information in Address Line 2 if necessary
- **City**
 - Enter the City of the location of the work to be done.
- **State**
 - The State is defaulted to New York.
- **Zip Code**
 - Enter the Zip Code of the location of the work to be done.
- **County**
 - Enter the County of the location of work to be done.
 - Please note: Either the Zip Code or the County must be entered. Both cannot be blank.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

Taxi/Livery Guidelines:

- If applicant is applying for Taxi Licenses to Operate, he/she will be directed to the Taxi/Livery Guidelines web page, which lists criteria that will make the applicant ineligible for a Certificate of Attestation of Exemption.
- If applicant meets any one of the criteria listed, there is no need to continue. The applicant can Exit the web application at this point.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

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8. Workers' Compensation Coverage Exemptions:

- The applicant must select ONE option which best describes why the Legal Entity is NOT required to obtain New York State specific workers' compensation insurance coverage.
 - **Partner/Member Information:**
 - If applicant selects option "c.) The business is a LLC, LLP, PLLC, PLLP; OR is a partnership..." on the Workers' Compensation Coverage Exemptions web page, he/she will be directed to the Partner/Member Information web page.
 - Applicant should enter the names of all the Partners/Members, including his/her own name if applicable, in First Name, Middle Initial, Last Name order.
 - Applicant can also remove a Partner/Member from the list. NOTE: Clicking the Remove Name button will remove the last name in the list.
 - **Corporate Officer Information:**
 - If applicant selects option "e.) The business is a two person corporation..." on the Workers' Compensation Coverage Exemptions web page, he/she will be directed to the Corporate Officer Information web page.
 - Applicant should enter the names of all the Corporate Officers, including his/her own name if applicable, in First Name, Middle Initial, Last Name order and select their title.
 - Applicant can also remove a Corporate Officer from the list. NOTE: Clicking the Remove Name button will remove the last name in the list.
 - **Temporary Service Agency Information:**
 - If applicant selects option "i.) Other than the business owner(s) and individuals obtained from a temporary service agency..." on the Workers' Compensation Coverage Exemptions web page, he/she will be directed to the Temporary Service Agency Information web page.
- OR**
- If applicant selects option "g.) Other than the business owner(s) and individuals obtained from a temporary service agency..." on the Disability Benefits Coverage Exemptions web page, he/she will be directed to the Temporary Service Agency Information web page.
 - Applicant should enter Agency Name and Phone Number.
 - Note: If Temporary Service Agency Information was already provided for the Workers' Compensation Coverage Exemptions, then it will not be necessary to provide it again. Therefore, the Temporary Services Agency Information web page will not display again.
- **Out-of-State Coverage Information:**
 - If applicant selects option "j.) The out-of-state entity has no NYS employees..." on the Workers' Compensation Coverage Exemptions web page, he/she will be directed to the Out-of-State Coverage Information web page.
 - Applicant should enter carrier and policy information including the effective and expiration dates of the policy.
- **Workers' Compensation Coverage Required:**
 - If applicant selects option "k.) None of the above apply..." on the Workers' Compensation Coverage Exemptions web page, he/she will be directed to the Workers' Compensation Coverage Required web page.
 - If you have questions, contact the Workers' Compensation Board's Bureau of Compliance at 1-866-546-9322.
 - You can Exit the application at this point, if appropriate.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

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9. Disability Benefits Coverage Exemptions:

- The applicant must select ONE option which best describes why the Legal Entity is NOT required to obtain New York State specific disability benefits insurance coverage.
- **Temporary Service Agency Information:**
 - If applicant selects option "g.) Other than the business owner(s) and individuals obtained from a temporary service agency..." on the Disability Benefits Coverage Exemptions web page, he/she will be directed to the Temporary Service Agency Information web page.
 - Applicant should enter Agency Name and Phone Number.
 - Note: If Temporary Service Agency information was already provided for the Workers' Compensation Coverage Exemptions, then it will not be necessary to provide it again. Therefore, the Temporary Services Agency Information web page will not display again.
- **Disability Benefits Coverage Required:**
 - If applicant selects option "h.) None of the above apply ..." on the Disability Benefits Coverage Exemptions web page, he/she will be directed to the Disability Benefits Coverage Required web page.
 - If you have questions, contact the Workers' Compensation Board's Bureau of Compliance at 1-866-546-9322.
 - You can Exit the application at this point, if appropriate.
- If further help is needed, please call the Bureau of Compliance at 866-546-9322.

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10. Certificate Submission:

- Once you have determined that the information is correct and have attested to the truth of the information being submitted, you may select the "Process and View Certificate" button. The Certificate of Attestation of Exemption will be generated with an Exemption Certificate Number and Received Date. You will be able to print a copy of the Certificate of Attestation of

Exemption for your records. You will need Adobe Acrobat Reader to view the Certificate. If you do not have it, you may [download a free version](#). Please note: Once you select the "Process and View Certificate" button, you will not be able to make any additional changes electronically.

- If you are having problems viewing the Certificate of Attestation of Exemption, check your [Pop-Up Blocker](#) settings.

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11. Contact Information:

- If you are having problems using the Request for WC/DB Exemption web application:
 - Contact The Bureau of Compliance at (866) 546-9322 Monday - Friday, 8:30 A.M. to 4:30 P.M., if:
 - You are having difficulty understanding what information you need to complete.
 - You are having difficulty understanding any messages or Help statements in the application.
 - You are unsure what the directions are telling you to do.
 - If you are having problems printing a completed CE-200, please e-mail the Workers' Compensation Board at general_information@wcb.ny.gov or call (866) 546-9322.
 - For Computer Technical Support, please e-mail the Workers' Compensation Board at helpdesk@wcb.ny.gov or call (866) 890-5863.

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New York State Workers' Compensation Board
Application for Certificate of Attestation of Exemption
from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at www.wcb.ny.gov. Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

1. Applicant Personal Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

Personal Phone Number (_____) _____

2. Your Title (check only one)

☐ Sole Proprietor

☐ President

☐ Vice President

☐ Secretary

☐ Homeowner

☐ Other (please provide title) _____

☐ Treasurer

☐ Partner

☐ Member

☐ Trustee

☐ Board Member

3. Legal Entity Information:

Business Federal ID (If none, enter social security number): _____

Legal Entity Name: _____

Doing Business As Name _____

Business Phone: (_____) _____ E-mail _____

☐ Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: _____

City: _____ State: _____ Zip: _____

Country (If other than U.S.) _____

4. Permit/License/Contract Information:

A. Nature of Business:(please check only one)

- | | |
|---|--|
| <input type="checkbox"/> Construction/Carpentry | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Restaurant / Food Service | <input type="checkbox"/> Trucking / Hauling |
| <input type="checkbox"/> Food Cart Vendor | <input type="checkbox"/> Horse Trainer/Owner |
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Hotel / Motel |
| <input type="checkbox"/> Bar / Tavern | <input type="checkbox"/> Mobile - Home Park |
| <input type="checkbox"/> Other (please explain) _____ | |

B. Applying for:

- ☐ License (list type) _____
- ☐ Permit (list type) _____
- ☐ Contract with Government Agency _____

Issuing Government Agency: _____

(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)

A. Job Site Address

Street address _____

City: _____ State: _____ Zip: _____ County: _____

B. Dates of project: (mm/dd/yyyy) _____ to: (mm/dd/yyyy) _____

Estimated Dollar amount of project:

- | | |
|--|---|
| <input type="checkbox"/> \$0 - \$10,000 | <input type="checkbox"/> \$50,001 - \$100,000 |
| <input type="checkbox"/> 10,001- \$25,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$25,001 - \$50,000 | |

6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

(Attach additional sheet if necessary)

Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.

7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:

- ☐ A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- ☐ B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- ☐ C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- ☐ D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- ☐ E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- ☐ F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- ☐ G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- ☐ H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- ☐ I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.
Temporary Service Agency

Name _____ Phone # _____

- ☐ J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier _____ Policy # _____

Policy start date _____ Policy expiration date _____

8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:

- ☐ A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- ☐ B. The business MUST be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- ☐ C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- ☐ D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- ☐ E. The business is a farm and all employees are farm laborers.
- ☐ F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- ☐ G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.

Signature

Title

Date

SCHEDULE "E"

Certification Regarding Lobbying
Certification for Contracts, Grants, Loans,
and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

Authorized Signature Title

Date

NEW YORK STATE FINANCE LAW REQUIREMENTS

Permissible Contacts

Pursuant to State Finance Law §§139-j and 139-k, this Solicitation/Request for Proposal includes and imposes certain restrictions on communications between the ILDC and an Offerer/bidder during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit Request for Proposals through the final award and approval of the Procurement Contract by the ILDC and, if applicable, Office of the State Comptroller (“restricted period”) to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, are identified on page 1 of this solicitation. ILDC employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a four (4) year period, the Offerer/bidder is barred from obtaining governmental Procurement Contracts. Further information about these requirements can be found at <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>.

Offerer/Bidder’s Affirmation of Understanding of and Agreement pursuant to State Finance Law §139-j (3) and §139-j(6)(b)

State Finance Law §139-j(6)(b) requires that the ILDC seek written affirmations from all Offerers/bidders as to the Offerer’s/bidder’s understanding of and agreement to comply with the ILDC’s procedures relating to permissible contacts (described above) during a Governmental Procurement pursuant to subdivision three of this section. It is recommended that this affirmation be provided to the ILDC as early as possible in the procurement process, such as when the Offerer/bidder submits its proposal or bid. Attachment A may be used to satisfy this requirement.

Offerer’s/Bidder’s Certification of Compliance with State Finance Law §139-k(5)

New York State Finance Law §139-k(5) requires that every Procurement Contract award subject to the provisions of State Finance Law §§139-k or 139-j shall contain a certification by the Offerer/bidder that all information provided to the ILDC with respect to State Finance Law §139-k is complete, true and accurate. It is recommended that the certification be provided to the ECIDA as early as possible in the process, such as when an Offerer/Bidder submits its proposal, bid or other form of offer. Attachment B may be used to satisfy this requirement.

Offerer/Bidder Disclosure of Prior Non-Responsibility Determinations

New York State Finance Law §139-k(2) obligates the ILDC to obtain specific information regarding prior non-responsibility determinations with respect to State Finance Law §139-j. This information must be collected in addition to the information that is separately obtained pursuant to State Finance Law §163(9). In accordance with State Finance Law §139-k, an Offerer/bidder must disclose whether there has been a finding of non-responsibility made within the previous four (4) years by any Governmental Entity due to: (a) a violation of State Finance Law §139-j or (b) the intentional provision of false or incomplete information to a Governmental Entity. The terms “Offerer” and “Governmental Entity” are defined in State Finance Law §139-k(1). State Finance Law §139-j sets forth detailed requirements about the restrictions on Contacts during the procurement process. A violation of State Finance Law §139-j includes, but is not limited to, an impermissible Contact during the restricted period (for example, contacting a person or entity other than the designated contact person, when such Contact does not fall within one of the exemptions).

NEW YORK STATE FINANCE LAW REQUIREMENTS

As part of its responsibility determination, State Finance Law §139-k(3) mandates consideration of whether an Offerer/bidder fails to timely disclose accurate or complete information regarding the above non-responsibility determination. In accordance with the law, no Procurement Contract shall be awarded to any Offerer/bidder that fails to timely disclose accurate or complete information under this section, unless a finding is made that the award of the Procurement Contract to the Offerer/bidder is necessary to protect public property or public health safety, and that the Offerer/bidder is the only source capable of supplying the required Article of Procurement within the necessary timeframe. See State Finance Law §§139-j (10)(b) and 139-k(3).

The ILDC must include a disclosure request regarding prior non-responsibility determinations in accordance with State Finance Law §139-k in its solicitation of proposals or bid documents or specifications or contract documents, as applicable, for procurement contracts. Attachment C entitled “Offerer Disclosure of Prior Non-Responsibility Determinations” must be completed by the Offer/bidder and submitted to the ILDC.

Public Disclosure

Responses submitted under this Request for Qualifications are subject to public disclosure under the New York State Freedom of Information Law. If the respondent does not want certain data disclosed for any purpose other than for the evaluation of the submitted proposal, the respondent must prominently identify sections or pages of the response which they wish to have restricted. Such sections shall be restricted from disclosure, if allowed by law.

Contract Termination Provision

New York State Finance Law §139-k (5) provides that every procurement contract award subject to the provisions of State Finance Law §§139-k and 139-j contain a provision authorizing the ILDC to terminate the contract in the event that the certification is found to be intentionally false or intentionally incomplete. This statutory contract language authorizes, but does not mandate, termination. “Governmental Entity” and “procurement contract” are defined in State Finance Law §139-k(1). If a contract is terminated in accordance with State Finance Law §139-k (5), the ECIDA is required to include a statement in the procurement record describing the basis for any action taken under the termination provision.

ILDC Termination Provision

Pursuant to New York State Finance Law §139-k(5), the ILDC reserve the right to terminate any contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139k was intentionally false or intentionally incomplete. Upon such finding, the ILDC may exercise its termination rights by providing written notification to the Offerer/bidder in accordance with the written notification terms of this contract.

NEW YORK STATE FINANCE LAW REQUIREMENTS

ATTACHMENT A

Affirmation of Understanding & Agreement pursuant to State Finance Law §139-j (3) and §139-j (6) (b)

I affirm that I understand and agree to comply with the procedures of the ILDC relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

By: _____ Date: _____

Name: _____ Title: _____

Contractor Name: _____

Contractor Address: _____

NEW YORK STATE FINANCE LAW REQUIREMENTS

ATTACHMENT B

Offerer/Bidder Certification:

I certify that all information provided to the ILDC with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date: _____

Name: _____ Title: _____

Contractor Name: _____

Contractor Address: _____

NEW YORK STATE FINANCE LAW REQUIREMENTS

ATTACHMENT C

Offerer Disclosure of Prior Non-Responsibility Determinations

Name of Individual or Entity Seeking to Enter into the Procurement Contract:

Address:

Name and Title of Person Submitting this Form:

Contract Procurement Number:

Date:

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):

No

Yes

If yes, please answer the next questions:

2. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):

No

Yes

3. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):

No

Yes

4. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity:

Date of Finding of Non-responsibility:

Basis of Finding of Non-responsibility:

(Add additional pages as necessary)

5. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):

No

Yes

6. If yes, please provide details below.

Governmental Entity: _____

Date of Termination or Withholding of Contract: _____

Basis of Termination or Withholding: _____

(Add additional pages as necessary)

Offerer certifies that all information provided to the ECIDA with respect to State Finance Law §139-k is complete, true and accurate.

By: _____ Date: _____

Signature

Name: _____ Title: _____