



## Insurance Requirements for Permitted Events

(last updated October 21, 2021)

### Proof of Insurance

**Requirements:** All insurance required by the NYS Thruway Authority (“Authority”) shall be:

- Obtained at the sole cost and expense of the applicant;
- Maintained with insurance carriers licensed to do business in New York State, and acceptable to the Authority;
- Written on an occurrence basis;
- Primary and non-contributing to any insurance or self-insurance maintained by the Authority;
- Written so as to include the requirements for notice of cancellation or non-renewal in accordance with the New York State Insurance Law. Within five (5) business days of receipt of any notice of cancellation or non-renewal of insurance, the applicant shall provide the State with a copy of any such notice received from an insurer together with proof of replacement coverage that complies with the requirements of this section.
- Evidenced by Certificates of Insurance in a form acceptable to the Authority;
- Sent via e-mail to [Insurancecompliance@thruway.ny.gov](mailto:Insurancecompliance@thruway.ny.gov) and in those circumstances where e-mail is not available or an option, sent via U.S. mail to:

NYS Thruway Authority  
New York Division  
Division Permit Coordinator  
4 Executive Blvd.  
Suffern, NY 10901

- Received and approved by the Authority prior to applicant engaging in the approved use; and
- **Written to name the NYS Thruway Authority, its officers, agents, and employees, and the People of the State of New York as additional insureds thereunder.**

Additional insurance requirements may be applicable based upon the application, including the Event being applied for, environmental or weather concerns, or other reasons deemed prudent in the Authority’s discretion.

**Deductibles and Self-insured Retentions:** The applicant shall be solely responsible for the payment of all deductibles or Self-Insured Retentions (SIRs) to which such policies are subject. Deductibles and SIRs must be declared as such with applicable levels on Certificates of Insurance and the Authority’s Supplemental Insurance Certificate. Deductibles and SIRs above \$10,000.00 must be approved by the Authority. Such approval shall not be unreasonably withheld.

**Ratings:** All insurance required shall be maintained with insurance carriers licensed to do business in New York State, and acceptable to the Authority, with an A.M. Best rating of "A-" or better. The Authority may, at its sole discretion, accept policies of insurance written by a nonauthorized carrier or carriers when certificates and/or other policy documentation is accompanied by a completed Excess Lines Association of New York (ELANY) Affidavit; provided that nothing herein shall be construed to require the Authority to accept insurance placed with a nonauthorized carrier under any circumstances.

**Coverage:** The applicant shall cause all insurance to be in full force and effect as of the beginning date of the approved use and to remain in full force and effect throughout the term of the approved use and as further required by the approved application.

The applicant shall not take any action, or omit to take any action that would suspend or invalidate any of the required insurance coverages during the period of time such coverages are required to be in effect.

If applicant's coverage expires prior to the event, but after receipt of documents with the application, the applicant must provide the applicable insurance document to the NYS Thruway Authority as soon as possible but in no event later than two business days before the scheduled event.

**Specifications:** The applicant, throughout the term of the approved use, or as otherwise required as a condition of an approved application, shall obtain and maintain in full force and effect, the following insurance with limits not less than those described below and as required by the terms and conditions of the approved application, or as required by law, whichever is greater (limits may be provided through a combination of primary and umbrella/excess policies):

- a) **Commercial General Liability Insurance with a limit of not less than \$1,000,000** each occurrence, **\$2,000,000** general aggregate. Such liability shall be written on the Insurance Service Office's (ISO) occurrence form CG 00 01 01 96, or a substitute form providing equivalent coverages, and shall cover liability arising from premises operations, independent contractors, broad form property damage, personal and advertising injury, cross liability coverage, medical expenses, blanket contractual liability assumed in a contract (including the tort liability of another assumed in a contract); defense and/or indemnification obligations, including obligations assumed under the approved application and cross liability for additional insureds.

If such policy contains an aggregate limit, it shall apply separately to the approved application.

- b) **Workers Compensation, Employers Liability, and Disability Benefits** as required by New York State law. Evidence of Workers' Compensation coverage must be provided on one of the following forms specified by the Commissioner of the Workers' Compensation Board:

- C-105.2 – Certificate of Workers' Compensation Insurance;
- U-26.3 – Certificate of Workers' Compensation Insurance from the State Insurance Fund;
- GSI-105/SI-12 – Certificate of Workers' Compensation Self Insurance; or
- CE-200 – Certificate of Attestation of Exemption.

Evidence of Disability Benefits coverage must be provided on one of the following forms specified by the Commissioner of the Workers' Compensation Board:

- DB-120.1 – Certificate of Insurance Coverage under the NYS Disability Benefits Law;
- DB-155 – Certificate of Disability Self Insurance; or
- CE-200 – Certificate of Attestation of Exemption.

Disability benefits coverage must also include a rider providing Paid Family Leave insurance in form and substance satisfactory to the Authority. Evidence of coverage shall be provided to the Authority, and may be in the form of a Notice of Compliance provided by your insurance carrier stating that you have Paid Family Leave insurance. The Notice will include information about your carrier. If you are self-insured, you can get this notice by contacting the NYS Workers' Compensation Board at [certificates@wcb.ny.gov](mailto:certificates@wcb.ny.gov).

For more information, please visit [www.wcb.ny.gov](http://www.wcb.ny.gov).

- c) **Liquor Liability.** Only licensed/insured caterers may serve food and alcohol. If the applicant intends to sell, distribute, serve or furnish alcoholic beverages, or otherwise make alcoholic beverages available on the premises, then applicant shall use a caterer that maintains in full force and effect through the term of the approved application, Liquor Liability Insurance with limits of not less than **\$1,000,000**.
- d) **Comprehensive Business Automobile Liability Insurance.** If applicant or any of its officers, agents, subcontractors or employees will be driving a motor vehicle onto State property (other than in an established parking area) Comprehensive Business Automobile Liability Insurance with a limit of not less than \$1,000,000 each accident is only required when the applicant or their third-party service providers/vendors/exhibitors will be driving a motor vehicle onto State property (other than in an established parking area or official access point.)

The applicant shall require that any subcontractors hired and its licensees carry insurance with the same limits and provisions provided herein. The applicant shall also be required to furnish the Authority with Certificate(s) of Insurance on ACORD Form 25 accompanied by the Authority's Supplemental Insurance Certificate (TA-W51343-9), for each insurance carrier involved, evidencing compliance with all requirements contained in the approved application. Such Certificate(s) shall be executed by a duly authorized representative of the insurance carrier, certifying such authorization and showing compliance with Authority insurance requirements set forth herein. The applicant shall furnish the Authority with a copy of every Endorsement required herein. The applicant shall also furnish the Authority with Certificates of Insurance evidencing compliance with all requirements contained in the approved application for each subcontractor or licensee before the commencement of the term of the approved use.

The following ISO forms must be endorsed to the policies and the endorsements provided to the Authority:

A. Additional Insured coverage for on-going and completed operations naming as additional insureds (via ISO coverage forms CG 20 10 11 85 or CG 20 10 12 19 and CG 20 37 12 19 and form CA 20 48 10 13, or a form or forms that provide equivalent coverage): NYS Thruway Authority and their officers, agents, and employees; and

B. Waiver of Subrogation Endorsement

Waiver of Subrogation – the Permittee shall cause to be included in each of its policies for the insurance indicated above a waiver of the insurer's right of subrogation against the Authority and the State of New York.

Failure to maintain the required insurance and provide proof of such coverage to the Authority may, in the Authority's sole discretion, result in rejecting the application for an Event or canceling or terminating the Event.