SAMPLE	**CERTIFICATE OF LIABILITY INSURANCE**	date (mm/dd/yy)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
CONTRACTOR'S INSURANCE AGENCY	**COMPANIES AFFORDING COVERAGE**
	COMPANY A XYZ Insurance Company
INSURED	COMPANY B ABC Indemnity LLC
CONTRACTOR NAME **CONTRACTOR ADDRESS**	COMPANY C All County Insurance Group
	COMPANY D NJ Joint Underwriters Network

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS **Note: Based on Scope Evaluation by Risk Finance**	
A	**GENERAL LIABILITY** ☒ COMMERCIAL GEN'L LIABILITY CLAIMS MADE ☒ OCCUR OWNER'S & CONTR'S PROT/XCU ☒ contractual liab.incl.	ABCD1234	MM-DD-YY	MM-DD-YY	EACH OCCURRENCE PRODUCTS- COMP / OP AGG PERSONAL & ADV INJURY FIRE DAMAGE (Any one fire) MED EXP (Any one person)	$ 2,000,000 $ 2,000,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
C	**AUTOMOBILE LIABILITY** ☒ ANY AUTO ☒ ALL OWNED AUTOS SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS	ABCD1234	MM-DD-YY	MM-DD-YY	EA ACCIDENT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	$ 2,000,000 $ $ $
A	**OWNERS AND CONTRACTOR'S PROTECTIVE LIABILITY** _PRIMARY COVERAGE	ABCD1234	MM-DD-YY	MM-DD-YY	PER OCCURRENCE BODILY INJURY PROPERTY INJURY AGGREGATE	$ 5,000,000 $ 1,000,000 $ $5,000,000
B	**EXCESS / UMBRELLA LIABILITY** ☒ UMBRELLA FORM OTHER THAN UMBRELLA FORM	ABCD1234	MM-DD-YY	MM-DD-YY	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ $
D	**WORKERS' COMP. AND EMPLOYERS' LIABILITY** THE PROP/PARTNERS/ INCL EXEC. OFFICERS ARE EXCL	ABCD1234	MM-DD-YY	MM-DD-YY	X STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	**PROFESSIONAL LIABILITY** **ENVIRONMENTAL LIABILITY**	ABCD1234 ABCD1234	MM-DD-YY MM-DD-YY	MM-DD-YY MM-DD-YY	PER OCCURRENCE PER OCCURRENCE	$5,000,000 $5,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

>>>>>>> COMPLIANCE WITH THE LEASE OR PERMIT TERMS IS REQUIRED <<<<<<<

REFERENCES:

1. Additional Insureds requirements per the above referenced Lease and Endorsement.
2. Waiver of Subrogation applies in favor of Additional Insured with respects to Liability and Workers Compensation coverages.
3. Provide 30 Days Cancellation Notice to the Port Authority, prior to Cancellation of Coverage.
4. The Port Authority requires the deletion of, "As required by Written contract", under any applicable insurance requirements; and, as applicable to any subcontracted services.
5. Add the Lease/Permit and TAA/MWA ID Number to the Certificate of Liability Insurance.
6. The contractor, its subcontractors and its insurers shall not, without obtaining the express advance written permission from the General Counsel of the Port Authority, raise any defense involving in any way the jurisdiction of any court, tribunal, agency, special district, commission or other authority exercising judicial or regulatory functions over the person of the Port Authority, the immunity of the Port Authority, its Commissioners, directors, officers, agents or employees, their affiliates, successors and/or assigns, the governmental nature of the Port Authority or the provision of any statutes respecting suits against the Port Authority. The Port Authority is an intended third-party beneficiary of the agreement between the Contractor, and each of its respective subcontractors and insurers, with the direct right to enforce the agreement with respect to this provision.

CERTIFICATE HOLDER	CANCELLATION
The Port Authority of New York & New Jersey ***Facility Address as indicated in the contract under the Insurance Details*** **Attn: Project Manager/Contract Administrator**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS **>>>>>> SIGNATURE OF BROKER/AGENT REQUIRED <<<<<<** AUTHORIZED SIGNATURE _____