

Westchester Community College is sponsored by the County of Westchester; affiliated with the State University of New York

## **INSURANCE AND INDEMNIFICATION REQUIREMENTS**

I. <u>Insurance</u> - Westchester Community College requires a Certificate of Insurance from any outside organization using College facilities. This original certificate (a copy is not acceptable) must be received by the Community Access Department **at least 3 weeks prior to the event.** The insurance coverage required is as follows:

<u>General Liability Insurance</u>: with a limit of \$1,000,000 liability per occurrence for bodily injury; and \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 (c.s.1), naming the Westchester Community College <u>and</u> the County of Westchester as additional insureds. This insurance shall include the following coverages:

- 1. Premises and Operations
- 2. Broad Form Contractual Liability
- 3. Products and Completed Operations Liability

<u>Workers' Compensation</u>. Certificate form C-105.2 (9/07) or State Fund Insurance Company Form U-26.3 is required for proof of compliance with the New York State Workers' Compensation Law. State Workers' Compensation Board form DB-120.1 is required for proof of compliance with the New York State Disability Benefits Law. Location of operation shall be "All locations in Westchester County, New York."

Where an applicant claims to not be required to carry either a Workers' Compensation Policy or Disability Benefits Policy, or both, the employer must complete NYS form CE-200, available to download at: <u>www.wcb.ny.gov</u> (bottom left of website click on "WC/DB exemptions FORM CE-200" for instructions and form).

If the employer is self-insured for Worker's Compensation, he/she should present a certificate from the New York State Worker's Compensation Board evidencing that fact (Either SI-12, Certificate of Workers' Compensation Self-Insurance, or GSI-105.2, Certificate of Participation in Workers' Compensation Group Self-Insurance).

<u>**Professional Liability Insurance:**</u> If required by the Office of Risk Management, the applicant shall provide proof of such insurance (Limits of \$1,000,000 per occurrence/\$3,000,000 aggregate).

<u>Cancellation Notice</u>: Insurance Company (Carrier) must notify Westchester Community College, c/o the Office of Community Access, of any insurance cancellation within 10 days of such cancellation.

**<u>NOTE</u>**: Westchester Community College <u>and</u> the County of Westchester must be named as additional insureds on the Certificate of Insurance. Also, for any sports activity the Certificate must state that "coverage includes opposing team players."

## **II. INDEMNIFICATION**

Completion of the attached Indemnification Form is required. The Form must be signed, notarized, and received by the Community Access Department <u>at least 3 weeks prior to the event.</u>



Westchester Community College is sponsored by the County of Westchester; affiliated with the State University of New York

## **INDEMNIFICATION FORM**

In connection with the Event/Activity described on page "1" of this Form, I/we agree:

(a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County and Westchester Community College, the undersigned shall indemnify and hold harmless the County of Westchester and Westchester Community College, its officers, employees, agents and elected officials from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the performance or failure to perform hereunder by the undersigned or third parties under the direction or control of the undersigned; and

(b) to provide defense for and defend, at my/our sole expense, any and all claims, demands or causes of action directly or indirectly arising out of the activity and to bear all other costs and expenses related thereto.

			, 201
Authorized Signatory	Print Name:	Date	
Print Title:	on behalf of		Organization Office
Phone:	Name of Event:		
	<u>ACKNOWLEDGM</u>	<u>IENT</u>	
STATE OF	)		
	) ss.:		
COUNTY OF	)		
On the	lay of in the year 20	) before me, the under	signed, personally appeared
	, personally known to me or pro	oved to me on the basis o	f satisfactory evidence to be
the individual(s) whose nan	ne(s) is (are) subscribed to the within in	nstrument and acknowle	dged to me that he/she/they
executed the same in his/her	/their capacity(ies), and that by his/her/t	their signature(s) on the in	nstrument, the individual(s)
or the person upon behalf of	which the individual(s) acted, executed	d the instrument.	

Notary Public