

Insurance Requirements

Dear Vendor:
Please email, fax, or mail the below sample insurance certificate to your agent for completion.
PLEASE NOTE: YOU CANNOT SET UP YOUR DISPLAY UNTIL THESE REQUIREMENTS ARE MET.
YOUR COMPANY NAME:
DEAR INSURANCE AGENT:
Please issue a certificate of insurance for General Liability, Workers Compensation, Auto liability and Disability for my company as per the attached sample.
e-mail to office@hbrcny.com. Be sure to include the dates of the show March 14-March 16, 2025
CERT HOLDER: HOME BUILDERS and REMODELERS of CNY
3675 JAMES ST
SYRACUSE, NEW YORK, 13206
*Please note: HBR of CNY must be named as additional insured with a minimum of \$1 million genera liability coverage.

Purpose of this certificate is a 3-day retail show at the New York State Fairgrounds to be held March 14

Any questions, please call John @315-463-6261

through March 16, 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2018

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(les) must have ADDITIONAL INSURED provisions or 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 ileu of such endorsement(s).									
PRODUCER					CONTACT NAME:				
				PHONE FAX (A/C, No.):					
					(A/C, No.): [A/C, No.]: E-MAIL ADDRESS:				
1					INSURER(S) AFFORDING COVERAGE NAIC #				
j					INSURER A: INSURANCE COMPANY NAME				
INSURED					INSURER B: INSURANCE COMPANY NAME				
VENDOR'S NAME & ADDRESS					INSURER C:				
					INSURER D:				
					INSURER E :				
					INSURER F:				
COVERAGES CERTIFICATE NUMBER: SAMPLE CERT REVISION NUMBER:									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE SEEN 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.									
LTR TYPE OF INSURANCE		WVD	POLICY NUMBER		(MM/DDYYYY)	(MM/DD/YYYY)	LIMITS		
COMMERCIAL GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	1,000,000	
CLAIMS-MADE X OCCUR		Y				01/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000	
l . H———————————————————————————————————							MED EXP (Any one person) \$	5,000	
^	Y		POLICY NUMBER		01/01/2018		PERSONAL & ADV INJURY \$	1,000,000	
GENLAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
POLICY PRO LOC							PRODUCTS - COMP/OPAGG \$	2,000,000	
OTHER:							COMBINED SINGLE LIMIT .		
AUTOMOBILE LIABILITY							(Es accident)	1,000,000	
ANY AUTO OWNED SCHEDULED	Y						BODILY INJURY (Per person) \$		
AUTOS ONLY AUTOS		*	Y POLICY NUMBER	01/01/2018	01/01/2019	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
AUTOS ONLY AUTOS ONLY							(Per accident)		
 	_						\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
CLAIMS-MADE							AGGREGATE \$		
DED RETENTION S WORKERS COMPENSATION	-						× PER OTH-		
AND EMPLOYERS LIABILITY B ANY PROPRIETOR PARTNER EXCLUTIVE N N / A Y POI (Mandatory in Nh) If yes, describe under						01/01/2019	- Tulkiule	100.000	
		Y POLICY NUMBER			01/01/2018		E.L. EACH ACCIDENT \$	100,000	
						E.L. DISEASE - EA EMPLOYEE \$	500,000		
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ LIMIT	STATUTORY	
B NY STATE DISABILITY			POLICY NUMBER		01/01/2018	01/01/2019			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	S (AC	ORD 1	01, Additional Remarks Schedule, m	nay be a	ttached if more sp	sace is required)			
CNY Home & Garden Show 20									
Home Builders & Remodelers of CNY Inc and New York State Department of Agriculture & Markets are Additional Insured on a Primary & Non-Contributory									
Basis on the General Liability and Auto Liability Policies. A Waiver of Subrogation is included on the General Liability and Workers Compensation policies in favor of Home Builders & Remodelers of CNY Inc and New York State Department of Agriculture & Markets "Copies of the Additional insured									
Endorsements and Walvers of Subrogation Endorsements are attached.									
CERTIFICATE HOLDER					CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
Home Builders & Remodelers of CNY Inc					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
3675 James Street					CONTROL OF THE SECOND				
SOLO BRIES CHEEL					AUTHORIZED REPRESENTATIVE				
Syracuse			NY 13206			Char	a Moznihan	l	
- J			111 10200			,=,	72,000		

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