



CHAD M. COOKE, P.E.
Commissioner

SARATOGA COUNTY DEPARTMENT OF PUBLIC WORKS

SARATOGA COUNTY PUBLIC WORKS FACILITY

3654 GALWAY ROAD
BALLSTON SPA, NEW YORK 12020-2517

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GREGORY N. BALL
Deputy Commissioner

SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

(Rev. 03/17/2023)

Saratoga County has certain requirements regarding insurance coverage. Please forward the attached samples to your insurance company so they may prepare the proper documents.

1. Non-US insurance companies must state on the Certificate of Liability Insurance their insurance is valid in the USA and the State of New York.
2. General Liability – General aggregate minimum limit must be \$3,000,000 US Dollars, or equivalent.
3. **County of Saratoga is to be named as additional insured...** this must be shown under DESCRIPTION OF OPERATIONS.
4. A **Commercial General Liability Additional Insured Endorsement Rider** stating **County of Saratoga is to be named as additional insured** is to accompany each insurance certificate.
5. Under CERTIFICATE HOLDER, it must read as follows:

**County of Saratoga
40 McMaster Street
Ballston Spa, NY 12020**
6. Automobile Liability coverage must be included if contract calls for any transportation services or use of an automobile.
7. Workers Compensation coverage is required and must be shown.

If these requirements are not met, the permit application review may be delayed and/or the permit application may be denied. Thank you for your anticipated cooperation in this matter.

SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

Please email completed Certificate and Endorsement to:
GMeier@SaratogaCountyNY.gov

...or mail to:
Saratoga County DPW
3654 Galway Road
Ballston Spa, NY 12020
Attn: Gary Meier

Liability Limits
\$1,000,000 single limit coverage for liability and property damage

Additional Insured
County of Saratoga is named as additional insured.

Description of Operations...
General Statement - ie type of work or activity, address, date(s), etc.

Certificate Holder
County of Saratoga
40 McMaster Street
Ballston Spa, NY 12020

ACORD. CERTIFICATE OF INSURANCE					
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.				
SAMPLE FORMAT	COMPANIES AFFORDING COVERAGE				
INSURED	COMPANY A				
	COMPANY B				
	COMPANY C				
	COMPANY D				
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, 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.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT.	POLICY EXP.	LIMITS	
GENERAL LIABILITY				GENERAL AGGREGATE	\$ 3,000,000.00
X Commercial General Liability				PRODUCTS-COMP/OP	\$ 2,000,000.00
Claims Made X Occur.				PERSONAL&ADV INJURY	\$ 1,000,000.00
Owners & Contractor's Prot.				EACH OCCURRENCE	\$ 1,000,000.00
				FIRE DAMAGE	\$ 50,000.00
				MED EXP.	\$ 5,000.00
AUTO LIABILITY				COMBINED SINGLE LIMIT	
ANY AUTO				BODILY INJURY (PER PERSON)	
ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
SCHEDULED AUTOS				PROPERTY DAMAGE	
HIRED AUTOS					
NON-OWNED AUTO					
GARAGE LIABILITY					
EXCESS LIABILITY				EACH OCCURRENCE	
Umbrella Form				AGGREGATE	
Other than Umbrella Form					
WORKERS COMP. AND EMPLOYER'S LIABILITY				STATUTORY LIMITS - EACH ACCIDENT	
				DISEASE POLICY LIMIT	
				DISEASE EACH EMP.	
OTHER					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS County of Saratoga is to be named additional insured. (A Commercial General Liability Additional Insured Endorsement Rider is also to accompany the certificate naming County of Saratoga as additional insured.)					
CERTIFICATE HOLDER	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
COUNTY OF SARATOGA					
40 McMaster Street					
BALLSTON SPA, NY 12020					
	Authorized Representative				

SARATOGA COUNTY INSURANCE CERTIFICATE REQUIREMENTS

SAMPLE

ENDORSEMENT NO.

Effective Date:

Policy Number:

Note: Please ensure Policy Number matches that on Insurance Certificate

Issued To:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ CAREFULLY.

**COMMERCIAL GENERAL LIABILITY
ADDITIONAL INSURED ENDORSEMENT**

This endorsement applies to:

In consideration of the premium charged , the "Designated Entity" or "Designated Entities" shown below shall be included as additional Insured(s), but only as respect to claims arising out of the sole negligence of the individual or entity specified in the PERSONS INSURED Section of the policy.

Additional Definition

"Designated Entity" or "Designated Entities" as used in this endorsement shall mean:

County of Saratoga, 40 McMaster Street, Ballston Spa, N.Y. 12020

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED