

# Schedule "B" Instructions

“Schedule B” consists of (1) proof of Workers’ Compensation insurance, (2) proof of Disability insurance, and (3) proof of liability insurance. That proof is usually in the form of an Insurance ACORD Certificate that must be provided **by the vendor/contractor/consultant** prior to standing committee approval or issuance of a purchase order. In addition, all bids and quotes require proof of insurance with the response.

**ANY** change in or waiver of insurance requirements must be approved by the Insurance Committee prior to standing committee approval. Attach a written explanation if change or waiver has been granted. (NOTE: New York State Law does not allow any waiver in Workers’ Compensation or Disability Insurance.)

The actual original Insurance Certificate must be attached to the contract (**not** the attached chart or these instructions).

## 1. Workers’ Compensation and Disability Insurance:

New York State law requires the County to have proof of workers’ compensation insurance for every vendor/contractor/consultant under contract with the County. The requirements for Workers’ Compensation and Disability insurance are available in Public Folders. In some instances, the vendor may not be required to have these types of insurance. If that is the case, **the vendor** must provide a form CE-200, which can be filled out on the State’s website at [www.wcb.state.ny.us](http://www.wcb.state.ny.us).

## 2. Liability Insurance

The type of liability insurance required by a particular vendor/contractor/consultant is contained in the attached chart. Choose a category A through G for the particular vendor/contractor/consultant. If you cannot determine which types of liability insurance are required from the chart, please contact purchasing at Ext. 4442.

Once the category of liability insurance is chosen, the Vendor/Contractor/Consultant must provide an ACORD Insurance Certificate that contains ALL of the following:

- a. All insurance certificates must be on the ACORD form. The most current form is ACORD 25(2009/09). ACORD Insurance Certificates must be executed by an insurance company and/or agency or broker, which is licensed by the Insurance Department of the State of New York.
- b. All insurance certificates must contain (i) the name of the agent producing the form (ii) a policy number, (iii) policy effective date and expiration date, and (iv) the name of the Vendor/Contractor/Consultant must match the contract name.
- c. All GENERAL LIABILITY insurance certificates must name Ontario County as an “additional insured.” (Professional liability insurance certificates will not.)

- d. "Certificate Holder" shall be made out to the "County of Ontario, 20 Ontario Street St., Canandaigua, NY 14424" and coverage must comply with all specifications of the contract.
- e. The Description of Operations must say "Contractor/Consultant services provided as per contract with Ontario County."
- f. The ACORD Insurance Certificate must indicate that prior to non-renewal or cancellation of the policy or policies, at least thirty (30) days advance written notice shall be given to the County of Ontario and the County Department requesting this Certificate, before such change shall be effective.
- g. All insurance forms are only good for one year and the Vendor/Contractor/Consultant must provide new certificates when they expire.

SAMPLES OF ACORD INSURANCE CERTIFICATES FOR CATEGORIES A THROUGH G ARE AVAILABLE IN PUBLIC FOLDERS.

Vendor Classification	A Construction & Maintenance	B Purchase or Lease of Merchandise or Equipment	C Consultant Services	D Professional Services	E Property Leased to Others or Use of Facilities or Grounds	F Transportation Services	G All Purposes Public Entity Contracts
<b>Commercial General Liability</b>							
Each Occurrence	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Fire Damage	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00
General Aggregate	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00
Product Comp/Op	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00
Personal & Adv. Injury			\$ 1,000,000.00	\$ 1,000,000.00			
<b>Auto Liability</b>							
Owned	\$1,000,000 CSL	***	***	***	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Hired	\$ 1,000,000.00				\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00
Non-Owned	\$ 1,000,000.00				\$ 1,000,000.00	\$ 1,000,000.00	\$ 1,000,000.00
<b>Workers Compensation &amp; Employers Liability</b>							
	See Below	See Below	See Below	See Below	See Below	See Below	
<b>Disability Benefits</b>							
	See Below	See Below	See Below	See Below	See Below	See Below	
<b>Professional Liability</b>							
				\$1,000,000			
Ontario County to be Named Add'l Insd On	GL-AL		GL	GL-AL	GL-AL	GL-AL	GL-AL

**Note: Workers Compensation & Disability Benefits required by sections 57 and 220 Subd. 8 of the Workers Compensation Law must be completed and returned with the Insurance Acord**

**These forms are available on-line at [www.wcb.state.ny.us](http://www.wcb.state.ny.us)**

(\*\*\*) If a vehicle is used in the execution of the contract, the Consultant/Professional shall provide evidence of Auto Liability Coverage of \$1,000,000 Combined Single Limit