



INSURANCE REQUIREMENTS: The applicant shall maintain at his/her/its own cost the following insurance and shall provide proof thereof to Trinity Episcopal Church, in the form of a Certificate of Insurance at least seven (7) business days prior to the date you wish to use the facility. This request must be returned by fax, email or USP Mail to the attention of Parish Administrator:

Trinity Episcopal Church, 1200 Main Street, P.O. Box 484, Fishkill, NY 12524-0484.

Email [info@trinityfishkill.org](mailto:info@trinityfishkill.org).

Fax: 845-

The applicant shall purchase and maintain in full force and effect insurance policies with the limits of insurance outlined below. The insurance should be from an insurer that has an A.M. Best Rating of "A" or better. The applicant shall provide a certificate of insurance to Trinity Church that indicates the following:

1. Commercial General Liability with limits not less than \$1,000,000 per occurrence. Such insurance shall cover liability arising from premises, operations, independent contractors, product-completed operations, personal and advertising injury and liability assumed under and insured contract. There shall be no endorsement of modifications of the Commercial GL arising from work performed by subcontractors.

If so indicated, the applicant may be required to provide proof of the following additional insurance at the discretion of Trinity Church.

2. Statutory Workers Compensation and employer's liability coverage for all employees, including corporate officers and sole proprietors or a properly executed copy of the Certificate of Attestation of Exemption from NYS Workers' Compensation Board, Form CE-200.
3. Umbrella/Excess Liability with limit of not less than \$1,000,000 per occurrence/\$2,000,000 in the aggregate.
4. Automobile Liability Insurance coverage for all owned, scheduled, hired and non-owned vehicles with a combined single limit of liability of not less than \$1,000,000. This insurance shall include coverage for bodily injury and property damage.

Trinity Episcopal Church, Parish #105, shall be listed as an additional insured on a primary, non-contributory basis for items 1,3, and 4. In addition Trinity Episcopal Church shall be listed as certificate holder on the Certificate of Insurance. All policies required shall include a waiver of subrogation in favor of Trinity Episcopal Church.

See attached example COI.

1200 Main Street  
PO Box 484  
Fishkill, New York 12524

P: 845-896-9884

F: 845-896-9170

[www.trinityfishkill.org](http://www.trinityfishkill.org)

# Sample Certificate of Insurance (COI)

The COI must meet ALL mandatory requirements shown in red to exhibit at an Esri event.

DATE (MM/DD/YYYY)

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(ies) must 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 lieu of such endorsement(s).

<b>PRODUCER</b> Insurance provider name and address here. Provider must be registered to do business in the U.S.	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

<b>INSURED</b> Your company name or DBA and address* here. *If you are an international company and do not have a U.S. entity, use the following address: 380 New York Street, Redlands, CA 92373-8100 Company name must match exactly name on exhibit application.	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Blanket Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Policy start date	Must expire after event end date.	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 1,000,000 USD PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional insured: Environmental Systems Research Institute, Inc.

This policy is valid within the United States.

<b>CERTIFICATE HOLDER</b> Environmental Systems Research Institute, Inc. Exhibit Coordinator 380 New York Street, Redlands, CA 92373-8100	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Handwritten Signature
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