Campus Let Contracts

Insurance, Real Property Transactions, and Service Disabled Veteran Owned Businesses

For State Operated Campuses

NAEP

October 6, 2015

Office for Capital Facilities

- Guidance Documents
- Listservs
- Newsletter
- OCF Website

Visit our Website

- Campus Let Contracts Program
- Community College Capital Program
- Energy Management and EO88
- Energy Procurement and Utility Regulatory Affairs
- Environmental Health and Safety
- Residence Hall Capital Program

Insurance Changes

What Changed?

- A legislation change was enacted in March and took effect on July 28, 2015
- Amended the Insurance Law by adding a new Article 5 entitled Certificates of Insurance.

What Changed?

The law now:

- Requires the use of a certificate of insurance issued by an industry standard setting organization and approved by the Department of Financial Services
- Prohibits the inclusion of terms, conditions, warranties or guarantees that amend, extend or alter the coverage provided by the policy

How does it impact us?

- The Council of Contracting Agencies has updated its Guidelines for Insurance Requirements (formerly the Insurance Manual) (link)
- The Campus Let Contracts Program has issued updated guidance on insurance
    - *CLC-10 Insurance Limits (link)*

How does it impact us?

- SUNY requires the ACORD 25 Form as proof of insurance
- Updates to Procedures 7554 and 7555
  - The old *"Certificate of Insurance"* is now the *"Certificate of Insurance Instructions and Checklist"*
- Updated insurance limits (in contract)

Required Forms

- ACORD 25 - Certificate of Liability Insurance
- NYS Workers' Compensation Form
  - Generally form C-105.2
- NYS-required Disability Insurance Form
  - Generally form DB-120.1
- SUNY Insurance Checklist (internal)

Requirements

- MUST be signed by an authorized representative of the insurance carrier or producer authorized to write coverage in the State of New York
  - Excess Line, or non admitted carriers are NOT generally permitted
- MUST disclose any deductible, self-insured retention or aggregate limit

Requirements

- MUST indicate the Additional Insureds and Named Insureds on the form
  - Additional Insureds must include the State of New York, State University of New York, and State University Construction Fund
  - Endorsement: CG 20 10 11 85 Additional Insured – Owners, Lessees or Contractors – (Form B), or equivalent

Requirements

- MUST make reference to the contract or agreement number on the form
- The contractor name on the certificate and the contractor name on the contract MUST match exactly

New Limits

- Insurance Limits Summary for Construction and Construction Related Consultant Contracts
  - CGL Policy Limits increased ($1M to $2M)
  - Business Auto Liability is defined as a separate policy limit ($1M)
  - Errors and Omissions is defined as a separate policy limit ($2M)

Expiration and Renewal

- Campuses should be tracking when insurance policies expire
- Notify the contractor 30 days prior to expiration – proof of renewal is required
    - ACORD 25

Notice of a Potential Claim

Notify the insurance company when there is a triggering event:

- Incident – accident, property damage, personal injury
- Potential or existing lawsuit

Notify the Attorney Generals Office upon receipt of any Notice of Intention, Claim, Summons with Notice, or Complaint or letter threatening a lawsuit.

B-1184's

MWBE Only B-1184 Requests

30% Goals (SUNY University-wide MWBE goal)

- Justification must state "Standard Goal"

Less than 30% Goals

- ESD is looking for one of the following explanations in the justification:
  - Contracts executed before 2011
  - Exemptions
  - Exclusions
  - Chamber approved waivers

Service Disabled Veteran Owned Business Program

SDVOB Program

- The Office of General Services is responsible for administering the program state-wide
- A pilot program was launched in 2015
- Program goals should take effect April 1, 2016
- The Office of Diversity and Inclusion will be responsible for administering the program

SDVOB Program

Applicability

- Commodities and Services - $25,000
- Construction - $100,000
- Construction Related Consultant Contracts - $25,000
- Increased discretionary purchasing thresholds for SDVOB apply only to commodities and services

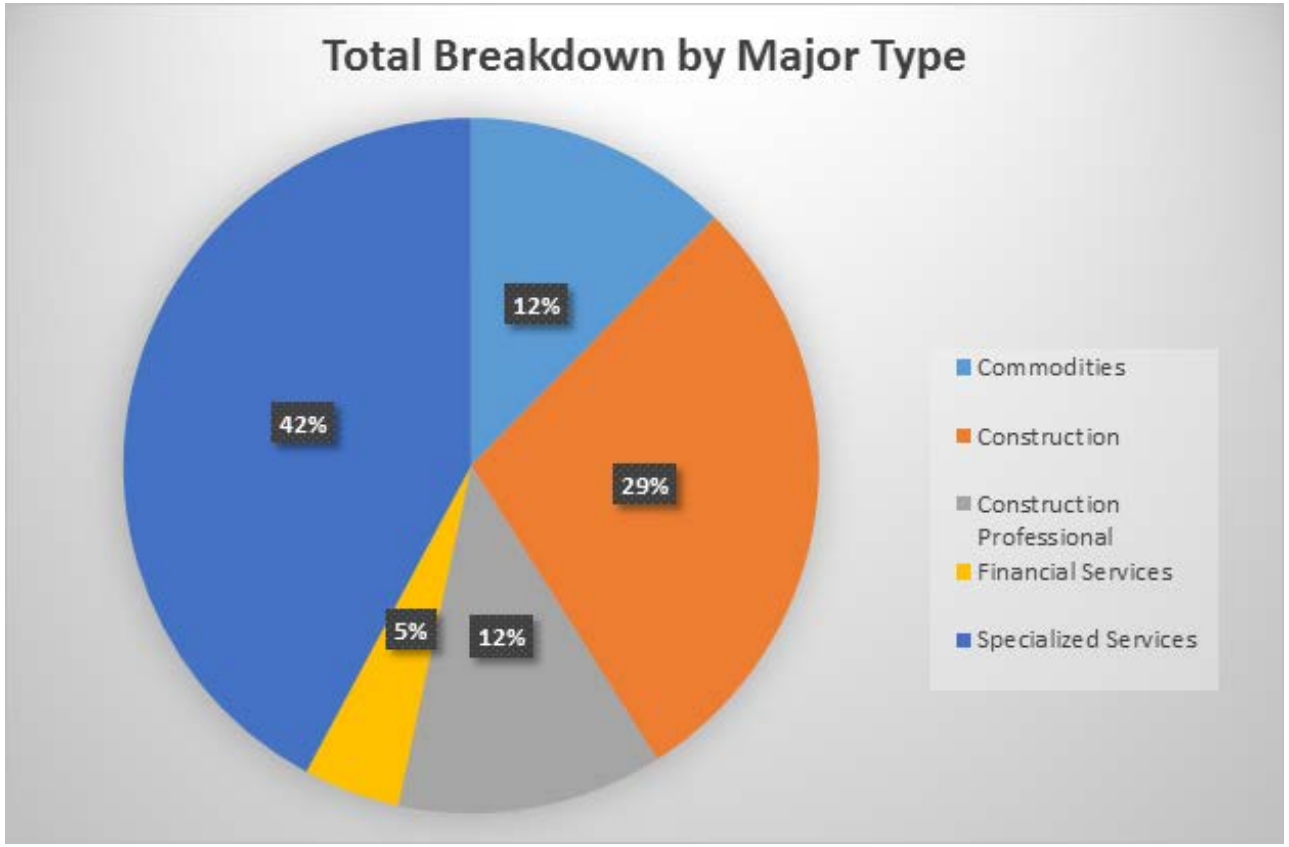
SDVOB Program

What is coming…

- 2015-16 Goals: 6%
- Set-asides
- New SDVOB Procedure
- Reporting
- Waivers to be determined at the agency/campus level

SDVOB Program

178 Firms



SDVOB Program

- According to the regulations “each state agency shall develop and adopt agency specific goals in accordance with article 17-B of the executive Law. Such agency specific goals shall be in addition to the goals established pursuant to article 15-A of the Executive Law”

SDVOB Program

Contact Information – SUNY

- Pam Swanigan, 518-320-1628
  Pamela.Swanigan@suny.edu
- Chunhui Ning, 518-320-1882
  chunhui.ning@suny.edu

Contact Information - OGS

- Kenneth Williams and Anthony Tomaselli
- Tel: 844-579-7570
- Email: VeteransDevelopment@ogs.ny.gov

Real Property Transactions

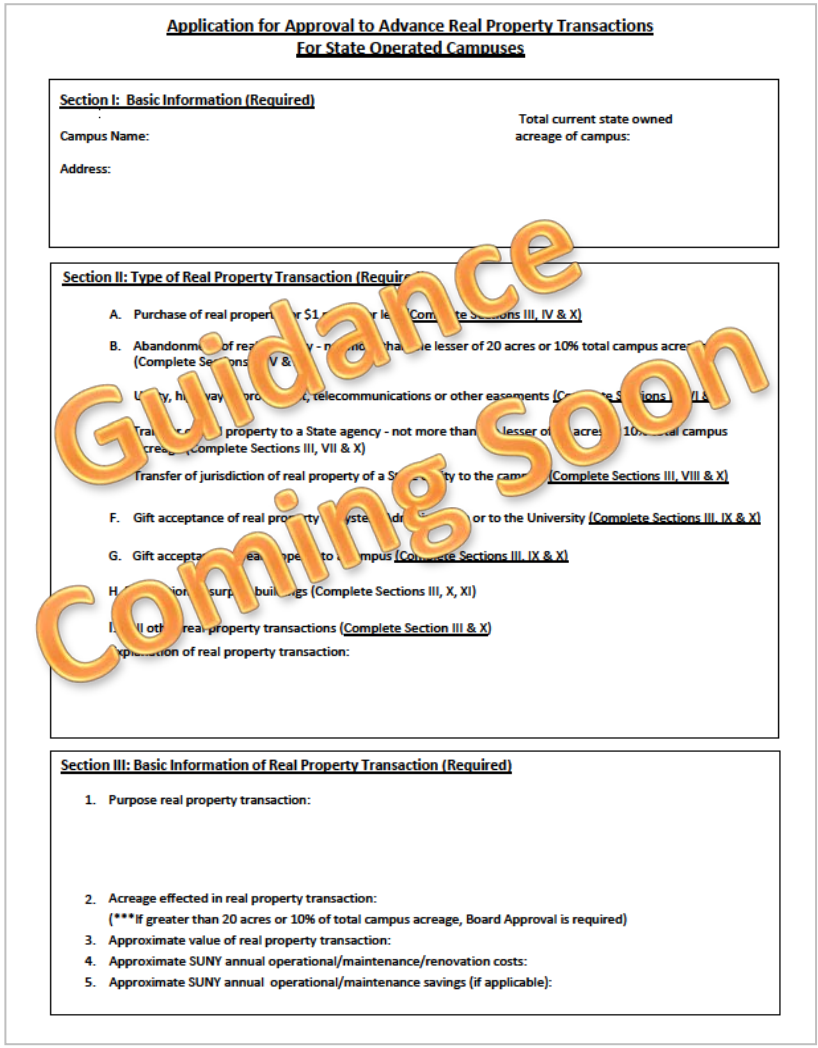
Real Property

Guidance Document

- Approval Process
- Updated Form
- Additional BoT Resolutions

Approval is required for real property transactions.

- **Capital Facilities VC or Executive Director,**
- **CFO, or**
- **BoT**



Application for Approval to Advance Real Property Transactions
For State Operated Campuses

Section I: Basic Information (Required)

Campus Name:

Total current state owned acreage of campus:

Address:

Section II: Type of Real Property Transaction (Requir

A. Purchase of real proper ... r $1 ... r le ... Com ... te S ... ons III, IV & X)

B. Abandonm ... of rea ... y - n ... ... tha ... e lesser of 20 acres or 10% total campus acre ...
(Complete Se ... ons ... V &

U ... y, hi ... way ... pro ... , telecommunications or other easements (C ... te S ... ions ... VI &

Tra ... r ... property to a State agency - not more than ... lesser o ... acre ... 10 ... al campus
cre ... (Complete Sections III, VII & X)

Transfer of jurisdiction of real property of a S ... ty to the cam ... (Complete Sections III, VIII & X)

F. Gift acceptance of real pro ... ty ... yste ... dr ... ... or to the University (Complete Sections III, IX & X)

G. Gift accepta ... rea ... pe ... to ... mpus (Co ... ete Sections III, IX & X)

H ... ior ... surp ... buil ... gs (Complete Sections III, X, XI)

I. ... ll oth ... real property transactions (Complete Section III & X)

... xpl ... ion of real property transaction:

Section III: Basic Information of Real Property Transaction (Required)

1. Purpose real property transaction:
2. Acreage effected in real property transaction:
   (***If greater than 20 acres or 10% of total campus acreage, Board Approval is required)
3. Approximate value of real property transaction:
4. Approximate SUNY annual operational/maintenance/renovation costs:
5. Approximate SUNY annual operational/maintenance savings (if applicable):

Coming up next…

Tools

- Contract Updates
- General Conditions Updates

Training: Regional Session - Syracuse

- Procurement Requirements
- Consultant Selection
- Financial Requirements

Coming up next…

Communication

Guidance Documents

- Updates to the B-1184 Guidance
- Real Property Transactions
- Construction vs. Services

Website: www.suny.edu/capitalfacilities/

Listserv: SUNYCLC@LS.SYSADM.SUNY.EDU

Jessica R. Miller

Campus Let Contracts

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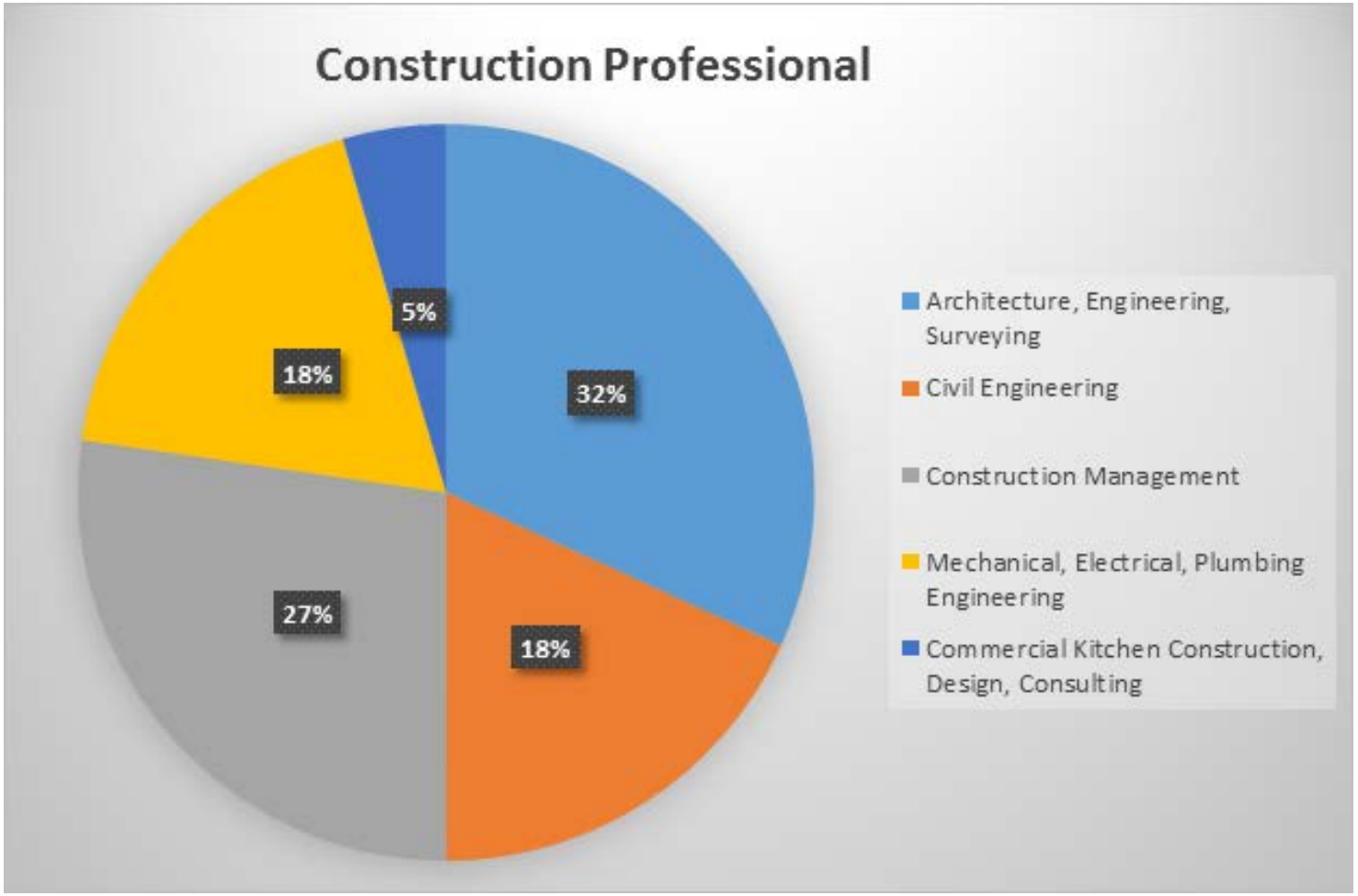
518-320-1129

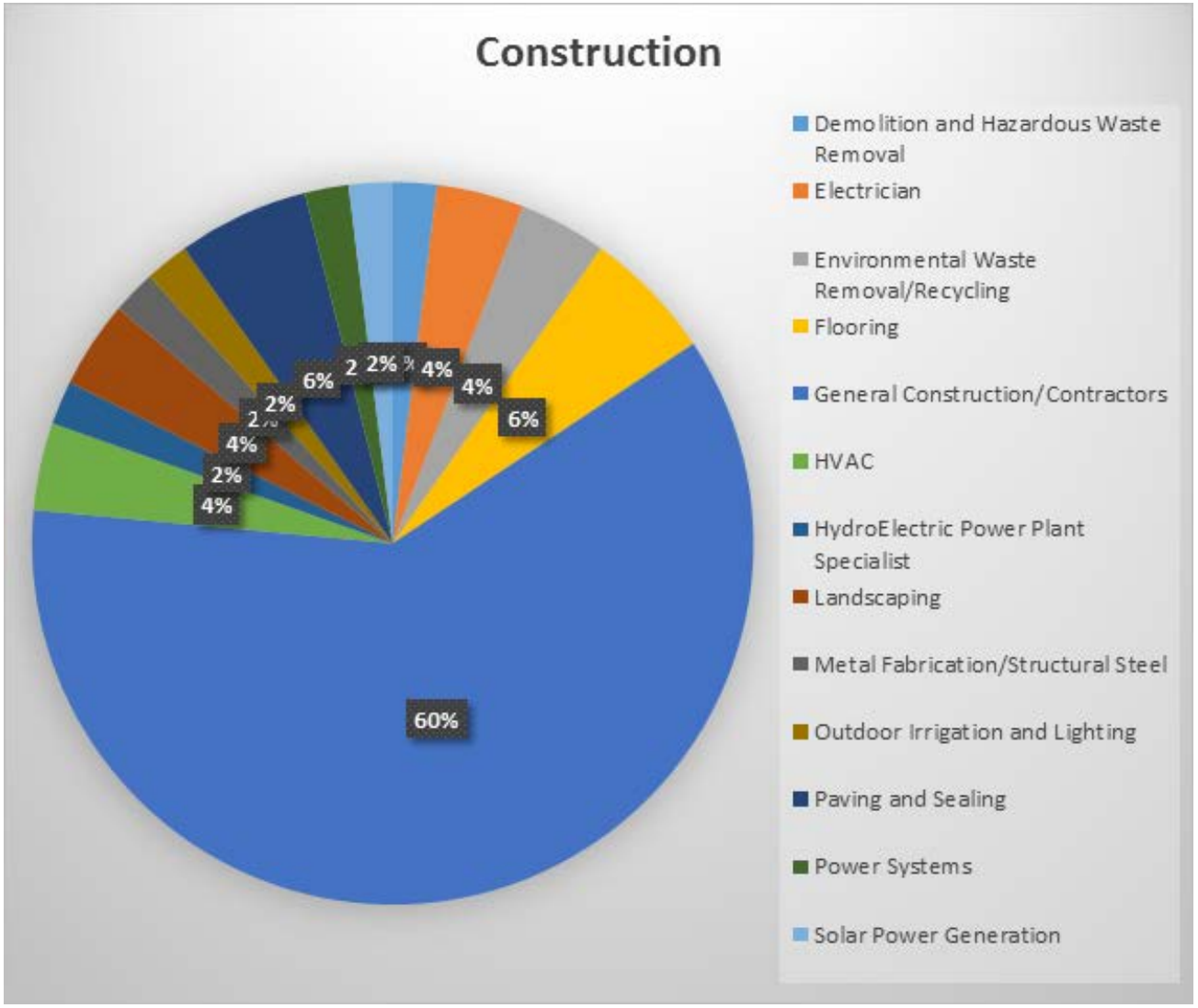

SUNY

Additional Slides

SDVOB Program



SDVOB Program



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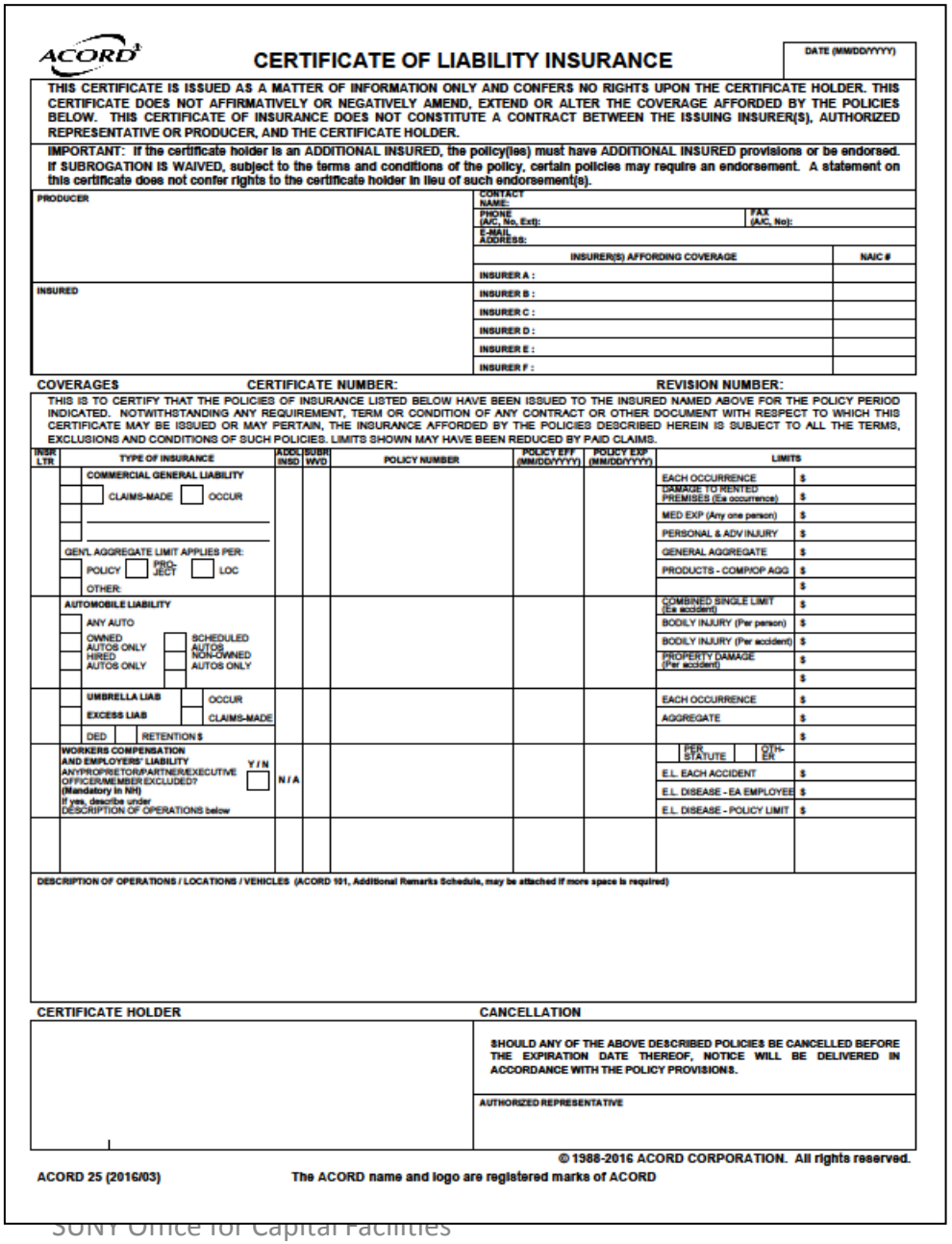
TOOLS TRAINING COMMUNICATION

ACORD 25



ACORD

CERTIFICATE OF LIABILITY INSURANCE

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 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 lieu of such endorsement(s).

PRODUCER

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 :	

INSURED

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N / A				E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

CANCELLATION

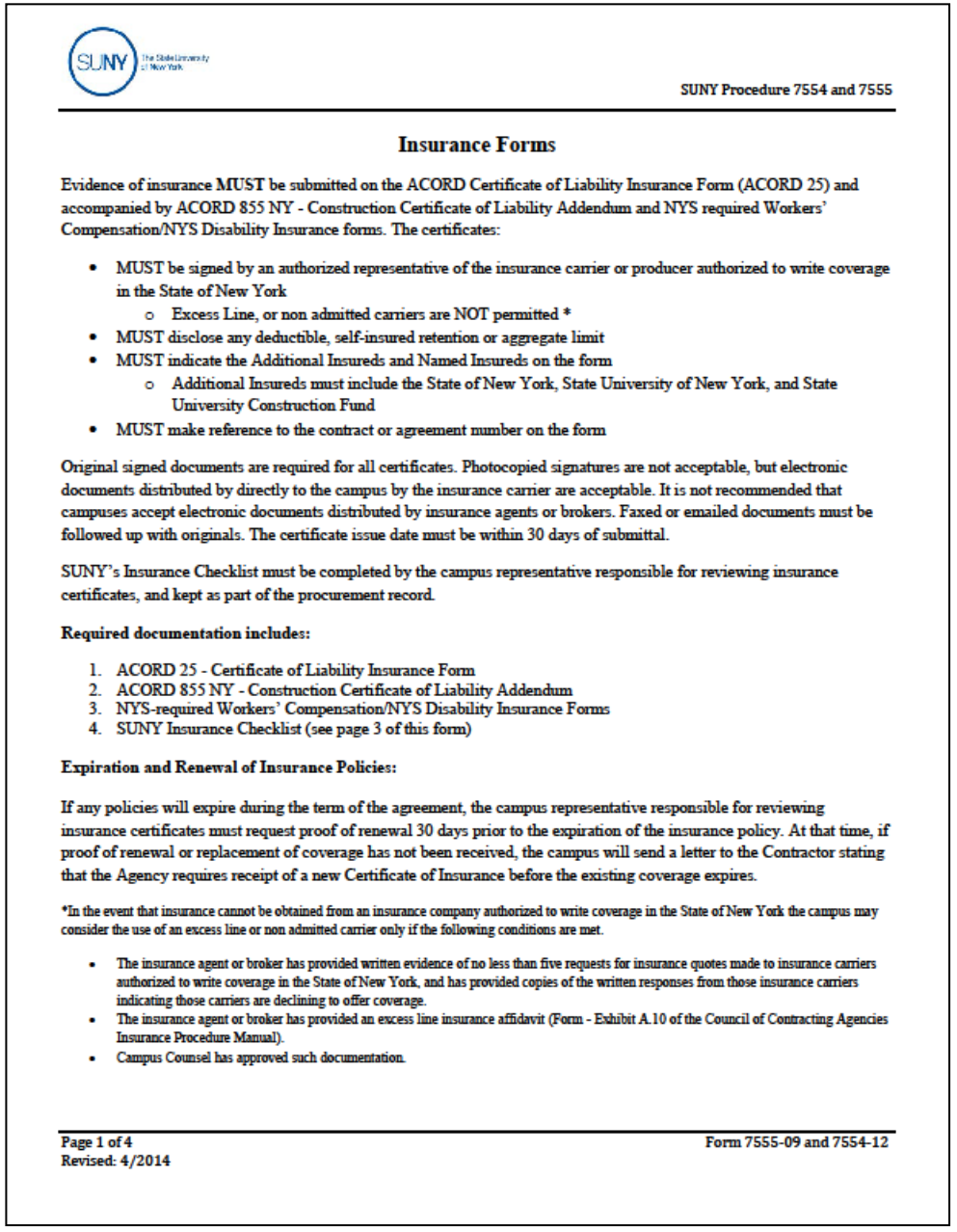
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SUNY Insurance Checklist



SUNY Procedure 7554 and 7555

Insurance Forms

Evidence of insurance **MUST** be submitted on the ACORD Certificate of Liability Insurance Form (ACORD 25) and accompanied by ACORD 855 NY - Construction Certificate of Liability Addendum and NYS required Workers' Compensation/NYS Disability Insurance forms. The certificates:

- MUST be signed by an authorized representative of the insurance carrier or producer authorized to write coverage in the State of New York
  - Excess Line, or non admitted carriers are NOT permitted *
- MUST disclose any deductible, self-insured retention or aggregate limit
- MUST indicate the Additional Insureds and Named Insureds on the form
  - Additional Insureds must include the State of New York, State University of New York, and State University Construction Fund
- MUST make reference to the contract or agreement number on the form

Original signed documents are required for all certificates. Photocopied signatures are not acceptable, but electronic documents distributed by directly to the campus by the insurance carrier are acceptable. It is not recommended that campuses accept electronic documents distributed by insurance agents or brokers. Faxed or emailed documents must be followed up with originals. The certificate issue date must be within 30 days of submittal.

SUNY's Insurance Checklist must be completed by the campus representative responsible for reviewing insurance certificates, and kept as part of the procurement record.

Required documentation includes:

1. ACORD 25 - Certificate of Liability Insurance Form
2. ACORD 855 NY - Construction Certificate of Liability Addendum
3. NYS-required Workers' Compensation/NYS Disability Insurance Forms
4. SUNY Insurance Checklist (see page 3 of this form)

Expiration and Renewal of Insurance Policies:

If any policies will expire during the term of the agreement, the campus representative responsible for reviewing insurance certificates must request proof of renewal 30 days prior to the expiration of the insurance policy. At that time, if proof of renewal or replacement of coverage has not been received, the campus will send a letter to the Contractor stating that the Agency requires receipt of a new Certificate of Insurance before the existing coverage expires.

*In the event that insurance cannot be obtained from an insurance company authorized to write coverage in the State of New York the campus may consider the use of an excess line or non admitted carrier only if the following conditions are met.

- The insurance agent or broker has provided written evidence of no less than five requests for insurance quotes made to insurance carriers authorized to write coverage in the State of New York, and has provided copies of the written responses from those insurance carriers indicating those carriers are declining to offer coverage.
- The insurance agent or broker has provided an excess line insurance affidavit (Form - Exhibit A.10 of the Council of Contracting Agencies Insurance Procedure Manual).
- Campus Counsel has approved such documentation.

Page 1 of 4
Revised: 4/2014

Form 7555-09 and 7554-12

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TOOLS TRAINING COMMUNICATION

ACORD 855

AGENCY CUSTOMER ID: _____

ACORD

NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

ADDENDUM INFORMATION CERTIFICATE NUMBER: REVISION NUMBER:

A. Insurer
- ☐ Admitted / authorized
- ☐ Excess line or free trade zone

B. General Liability (GL) policy form
- ☐ ISO / ISO modified
- ☐ Other

C. Specific operations excluded or restricted (GL policy)
- ☐ Location: _____
- ☐ Type of construction: _____
- ☐ Building height: _____
- ☐ Classifications [see ed declara s / orsement]
- ☐ Designated [s tta d endorsement]

D. Additional (GL policy)
- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38
- ☐ her: Title: _____

E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage
- ☐ Yes ☐ No and ☐ no other option is available with this insurer

F. Additional insured will receive advance notice if insurer cancels (GL policy)
- ☐ Yes ☐ No and ☐ no other option is available with this insurer

G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, item f. in the ISO CGL policy) is removed or restricted
- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)
- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)
- ☐ Yes and ☐ no other option is available with this insurer ☐ No changes made

ACORD 855 NY (2014/05) Attach to ACORD 25

Not yet implemented