



TOWNSHIP OF WINSLOW CERTIFICATE OF INSURANCE REQUIREMENTS

1. **All new vendors must fill out a Required Information Sheet, per attached, and e-mail it back to the department requesting the information. The department will then send it to docutrax. COMPLETED**
2. **All Certificates of Insurance must be entered into our electronic system by your broker (we will not accept paper certificates). Vendors are not permitted to enter Certificates of Insurance.**
The information you provide on the Required Information Sheet will be entered into our system. You will then receive an e-mail from the Township which you, in turn, must e-mail to your broker. There is a link in the e-mail which your broker will use to enable him/her to enter your insurance information into our system.
3. The Certificate of Insurance must list Township of Winslow as Additional Insured, and the "Addi Insd" box must be checked in the General Liability section of the certificate. Sample attached. *Should a prospective bidder or vendor not have commercial automobile coverage in their business name, please provide a Hired and Non-Owned Automobile Enforcement to the GL policy.
4. Explanation and date of work, program, or contract being performed for the Township must be entered in the "Description of Operations" section of the Certificate of Insurance.
5. Insurance requirements are listed below.
6. A Hold Harmless Clause, per attached, must be filled in and signed by applicant, and returned to Docutrax – winslowtownship@docutrax.com. This form is also available on the Docutrax portal.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT CRYSTAL FIORITO AT 855 747-5866 x717.

Certificate of Insurance Guidelines

Category	Description	Certificate of Insurance	Additional Insured	
1	Repair/Minor Contractors/Construction: Contracts up to \$50,000 Minor Contractors (50K)			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	
	a. Liquor Liability, Sexual Abuse / Molestation and Athletic Activities must be included			
	b. Completed Operations must be included			
	Automobile Liability	\$1,000,000	X	
Workers Compensation	Statutory	X	*	
Employer's Liability	\$1,000,000	Included		
2	Building Contractors/Construction: Contracts up to \$1,000,000 Building Contractors (1M)			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
	Builder's Risk/Installation Floater	Amount of Contract	X	
3	Building Contractors/Construction: Contracts \$1,000,000 to \$5,000,000 Building Contractors (1M - 5M)			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Excess Liability/Umbrella	\$5,000,000 (occurrence); \$5,000,000 (aggregate)	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
	Builder's Risk/Installation Floater	Amount of Contract	X	

Category	Description	Certificate of Insurance	Additional Insured	
4	Building Contractors/Construction: Contracts exceeding \$5,000,000 Building Contractors (5M+)			
		\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Excess Liability/Umbrella	\$10,000,000 (occurrence); \$10,000,000 (aggregate)	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
	Builder's Risk/Installation Floater	Amount of Contract	X	
5	Trade Contractors: Painters, Plumbers, Landscapers, etc. Trade Contractors			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
6	Environmental Contractors or Consultants Environmental Contractors			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Pollution Liability and/or Asbestos Pollution Liability and/or Professional Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X

Category	Description	Certificate of Insurance	Additional Insured	
7	Consultants/Professional Service Providers: Solicitor, Labor Attorney, Auditor, Engineer, Risk Management Consultant, Specified Medical Practitioners, etc. Professional Service			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Professional Liability (other than physicians)	\$1,000,000	X	
	Medical Malpractice (doctors, dentists, psychologists)	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Sexual Abuse or Molestation	\$3,000,000	X	X
	Cyber Security and Privacy Liability	\$1,000,000	X	X
	Technology Errors and Omissions	\$1,000,000	X	
8	Suppliers and/or Vendors Suppliers and Vendors			
	General Liability	\$1,000,000	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Cyber Security & Privacy Liability	\$1,000,000	X	X
	Property Insurance	Replacement Value		
9	Use of Facilities: Private Citizens, Organizations or Non-Business Groups, etc. Use of Facilities			
	General Liability	\$1,000,000	X	X
10	Towing Contractors			
	General Liability	\$1,000,000	X	X
	Comprehensive Liability	\$1,000,000	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Garage Keepers Liability	Not less than \$100,000	X	X
	Garage Liability	\$1,000,000	X	X
	Endorsement to provide collision coverage for vehicles in tow			
11	Event Vendors			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	

Category	Description	Certificate of Insurance	Additional Insured	
12	Gun Ranges			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Pollution Liability and/or Asbestos Pollution Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
13	Garbage and Recycling Haulers/Collectors			
	Commercial General Liability <i>Complete operation must be included</i>	\$5,000,000 Each Occurrence / \$5,000,000 Aggregate	X	X
	Business Automobile Liability <i>All owned, hired or non-owned automobiles used in connection with this agreement</i>	\$5,000,000 combined single limit any one accident	X	X
	Workers' Compensation	Statutory	X	*
	Employers' Liability	\$1,000,000	Included	
	Crime <i>Must include Employee Theft & Client Coverage</i>	\$1,000,000	X	X
	Cyber Security & Privacy Liability	\$1,000,000	X	X
	Environmental Liability	\$5,000,000 Each Act / \$5,000,000 Aggregate	X	
14	Township Business (Clerk's Office Use Only)			
	Commercial General Liability	\$500,000 Each Occurrence/ \$500,000 Aggregate		
15	FIREWORKS VENDOR			
	Commercial General Liability <i>Complete operation must be included</i>	\$1,000,000 Each Occurrence / \$1,000,000 Aggregate Damage to Rented Premises \$500,000 Person & Adv Injury \$1,000,000 General Aggregate \$2,000,000 Product Comp/OP Agg \$2,000,000	X Township of Winslow & Winslow Township Board Of Education	X

Category	Description	Certificate of Insurance	Additional Insured	Category
	Automobile Liability	\$1,000,000 per occurrence combined single limit for bodily injury & property damage with no aggregate	x	X
	Workers' Compensation	Statutory Limits	X	*
	Employers' Liability	\$500,000	Included	
	Umbrella Liability	\$4,000,000	X	
<p><i>The member entity and any associations, recreation or committees formed by the member entity to organize the "event" must be named as additional insureds on the General Liability, Automobile Liability and Umbrella Liability coverages.</i></p> <p><i>Rain date, if applicable, should also be shown on the description section of the certificate of insurance.</i></p>				

*Waiver of Subrogation Required

**Limit of \$500,000 can be considered for minor engagements

**REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER
INTO RISK TOOLBOX**

NAME OF INSURED USING OR ENTERING TOWNSHIP PRORPERTY					
ADDRESS OF INSURED					
CITY		STATE		ZIP CODE	
PHONE NUMBER					
CONTACT PERSON			TITLE		
EMAIL ADDRESS					
BUSINESS NAME, IF DIFFERENT THAN NAME OF INSURED					
<i>TO BE FILLED OUT BY WINSLOW TOWNSHIP EMPLOYEE ADDING VENDOR</i>					
VENDOR ID NO.					

COI RISK PROFILE (must choose one):

X	TYPE OF SERVICE	X	TYPE OF SERVICE
	#1 Repair/Minor Contractor: Contracts up to \$50,000		#9 Use of Facility: Private Citizen, Org or non-Business Group,
	#2 Building Contractor up to 1M		#10 Towing Contractors
	#3 Building Contractor Construction (1M-5M)		#11 Event Vendors
	#4 Building Contractor/Construction (5M+)		#12 Gun Ranges
	#5 Trade Contractors: Painters, Landscapers, Plumbers		#13 Garbage/Recycling Haulers
	#6 Environmental Contractors or Consultants		#14 Business-Twp. Business <i>(Clerk's office use only)</i>
	#7 Consultants/Professionals: Attorney, Auditor, Engineer		#15 Fireworks
	#8 Supplier/Vendors#8 Supplier/Vendors		N/A – HOLD HARMLESS ONLY

HOLD HARMLESS (must choose one)

<input type="checkbox"/>	Hold Harmless Required	<input type="checkbox"/>	Hold Harmless not Required
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HOLD HARMLESS CLAUSE
TOWNSHIP OF WINSLOW

_____ (*Vendor's Company Name*) will protect, indemnify, and hold harmless the Township of Winslow from and against any and all losses, claims, penalties, damages, settlements, cost, charges, professional fees, or other expenses or liabilities arising out of or resulting from the performance of the work or the completed operations, including any such claims for damage, loss, or expenses resulting in bodily injury, sickness, disease, or death, or to injury to or destruction of the tangible property, including the loss of the use resulting therefrom, and which is caused in whole or in part by any negligent or willful act or omission by _____.
(*Vendor's Company Name*)

Signature

Title

Date

Send completed form to winslowtownship@docutrax.com

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A	
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	

COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	
					PRODUCTS-COMP/OP AGG.	
					PERSONAL & ADV. INJURY	
					EACH OCCURRENCE	
					FIRE DAMAGE (Any one fire)	
					MED. EXP. (Any one Person)	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT	
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNERSHIP/ EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE-EA EMPLOYEE	
					DISEASE-EA EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Township of Winslow is included as an additional insured with respect to: (name of project)

CERTIFICATE HOLDER	ADDITIONAL INSURED: INSURER LETTER	CANCELLATION 15 DAYS NON-PAYMENT OF PREMIUM
Township of Winslow 125 South Route 73 Braddock, NJ 08037		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO PROVIDE _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
		AUTHORIZED REPRESENTATIVE