



To: Whom it ay concern,

It is our company policy to require all groups and/or vendors using Olympic Regional Development Authority facilities to provide a valid Certificate of Insurance. Therefore, your group/company is requested to submit a Certificate of Insurance with the following minimum required insurance limits. Coverage under the policy afforded to an additional insured will apply as primary insurance.

- 1 – Comprehensive Form General Liability:
- | | |
|---|----------------------------|
| Each occurrence/ BI & PD Combined Occurrence: | \$1,000,000. |
| General Aggregate/ BI & PD: | \$2,000,000. |
| To include: | |
| (A) Blanket Contractual Liability | |
| (B) Abuse and Molestation Liability: | \$50,000 per occurrence. |
| (C) Volunteers as Insured's | |
| (D) Participant Liability | \$1,000,000 per occurrence |
| including accident medical coverage. | |

- 2 – Add the following entities as additional insured's:

PLEASE SEE ATTACHED

- 3 – Proof of NYS insurance

- | | |
|--|-------------|
| (A) Worker's Compensation valid in New York State: | Statutory |
| (B) Employer's Liability: | \$1,000,000 |
| (C) Automobile Liability including Hired and Non-owned Liability | \$1,000,000 |

- 5- Umbrella Liability coverage: \$1,000,000 per occurrence
To apply as excess of primary general liability, participant liability, automobile liability and employer's liability.

Please forward your Certificate of Insurance to the attention of the Risk Management Department at O.R.D.A. at the address listed below. Your immediate attention is appreciated.

Any renewal and/or cancellation notice should be forwarded thirty (30) days prior to the expiration date and/or cancellation of coverage.

Please feel free to contact us if we can be of further assistance. Thank you for your cooperation.

Cordially,

Reed Miller III

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Risk Management Coordinator

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