



NYS DOT ACCOUNT NUMBER

CERTIFICATE OF INSURANCE FOR HIGHWAY WORK PERMIT
TO BE PREPARED BY INSURANCE AGENCY OR INSURANCE COMPANY

THIS CERTIFICATE OF INSURANCE WILL SUPERSEDE ALL OTHER CERTIFICATES OF INSURANCE NOW ON FILE WITH THE NYSDOT AND MUST BE IN EFFECT FOR THE FULL TERM OF THE PERMIT. EXPIRATION OF, OR LACK OF, LIABILITY INSURANCE AUTOMATICALLY INVALIDATES THE PERMIT.

Highway Work Permits: Used for installing and/or maintaining facilities on State right-of-way – coverage in such case shall be written as a protective liability insurance policy and shall also include completed operations liability insurance with respect to liability imposed by laws arising between the date and final cessation of the work pursuant to the Highway Work Permit and the date of final acceptance of such work by the State. Questions 1-6 are to be filled in by permit applicant. The rest of the form is for insurance agent or broker to fill in and agree to.

1. NAME OF PERMIT APPLICANT

(The Legal Name of the Business Entity, i.e., Corporation, Partnership or individuals. **NOTE:** If DBA, also provide Name of Legal Entity and Copy of “Certificate of Conducting Business under an Assumed Name” that was filed in County Clerk’s Office.)

2. FEIN Number _____

(Federal Employee Identification Number, also known as the IRS Tax Identification Number.)

3. PHYSICAL ADDRESS OF PERMIT APPLICANT

(Provide street address of principal place of business; may attach additional PERM 17 ATTACHMENT sheet listing physical addresses of branch offices (page (4)), *if application for permits will be for those locations.*)

PLEASE CHECK HERE IF THIS IS A CHANGE OF ADDRESS

4. MAILING ADDRESS OF PERMIT APPLICANT

(If different than above) **PLEASE CHECK HERE IF THIS IS A CHANGE OF ADDRESS**

5. TELEPHONE NUMBER OF PERMIT APPLICANT

6. NAME OF PERMIT APPLICANT CONTACT PERSON

7. 7a. PROTECTIVE LIABILITY POLICY NUMBER

(See Policy requirements in A or B on reverse) **Binders, and unassigned policy numbers are only valid for 30 days.**

7b. EFFECTIVE DATE _____ EXPIRATION DATE _____

PLEASE CHECK HERE AND SIGN BELOW IF COVERAGE IS CONTINUOUS UNTIL CANCELLED
Insurer agrees to notify NYSDOT at least 30 days prior to the expiration or cancellation of said policy.

(Authorized Signature of Insurance Agent or Broker is Required to indicate agreement to notify NYSDOT)

8. Submit to the New York State Department of Transportation Regional Office where the permit work will occur. If the permit work occurs in multiple Regions submit this form to one Region and the New York State Department of Transportation will coordinate its acceptance. See Page 3 for a Regional listing with addresses.

REVERSE SIDE MUST BE COMPLETED

In accordance with NYS Department of Transportation requirements, the subscriber hereby certifies that a **PROTECTIVE LIABILITY** insurance policy has been issued on behalf of the Permit Applicant:

- A. HIGHWAY WORK PERMIT; for the protection of the people of the State of New York, all municipal subdivisions thereof, and the Commissioner and NYS Department of Transportation, the NYS Thruway Authority, the State Bridge Authority and their officials, officers, and employees as named insureds, **(and no other co-insureds)**, covering bodily injury (including death) with minimum limits of \$500,000 each occurrence and covering property damage with minimum limits of \$100,000 each accident and minimum aggregate annual limits of \$500,000, against actions resulting from use of a Highway Permit by the Permittee or by an person acting by, through or for the Permittee, including omissions and supervisory acts of any of the named insureds; or
- B. MAJOR COMMERCIAL HIGHWAY WORK PERMIT; for the protection of the people of the State of New York, all municipal subdivisions thereof, and the Commissioner and NYS Department of Transportation, the NYS Thruway Authority, the State Bridge Authority and their officials, officers, and employees as named insureds, **(and no other co-insureds)**, for Major Commercial Highway Work Permits – covering bodily injury (including death) with minimum limits of \$1,000,000 each occurrence and covering property damage with minimum limits of \$200,000 each accident and minimum aggregate annual limits of \$1,000,000, against actions resulting from use of a Highway Permit by the Permittee or by an person acting by, through or for the Permittee, including omissions and supervisory acts of any of the named insureds.

The subscriber certifies and agrees that such insurance policy contains an endorsement that said policy shall not be cancelled until thirty (30) days written cancellation notice has been given the NYS Department of Transportation. Any cancellation notice shall indicate the permit applicant’s name, permit account number (obtain from permit applicant), address, and policy number. Notice of reinstatement must be made by a reinstatement notice or a completed Certificate of Insurance (PERM 17) and sent to the NYS Department of Transportation. In addition, the subscriber further certifies and agrees that the insurance policy referred to herein shall not be changed or cancelled unless all work authorized has been completed and accepted by the NYS Department of Transportation.

This certificate is furnished in accordance with the rules and regulations of the NYS Department of Transportation pertaining to Highway Permits.

A Certificate of Insurance (PERM 17) is the only acceptable proof of insurance. PLEASE DO NOT SEND ACCORD FORMS, INSURANCE CARDS. Altered certificates will NOT be accepted. Updates and changes may be made by submitting a new Certificate of Insurance (PERM 17); the most recent form will supersede all previous Certificates of Insurance (PERM 17) on file with the NYS Department of Transportation.

Name of Insurance Company (please print)

Authorized Signature of Insurance Agent or Broker

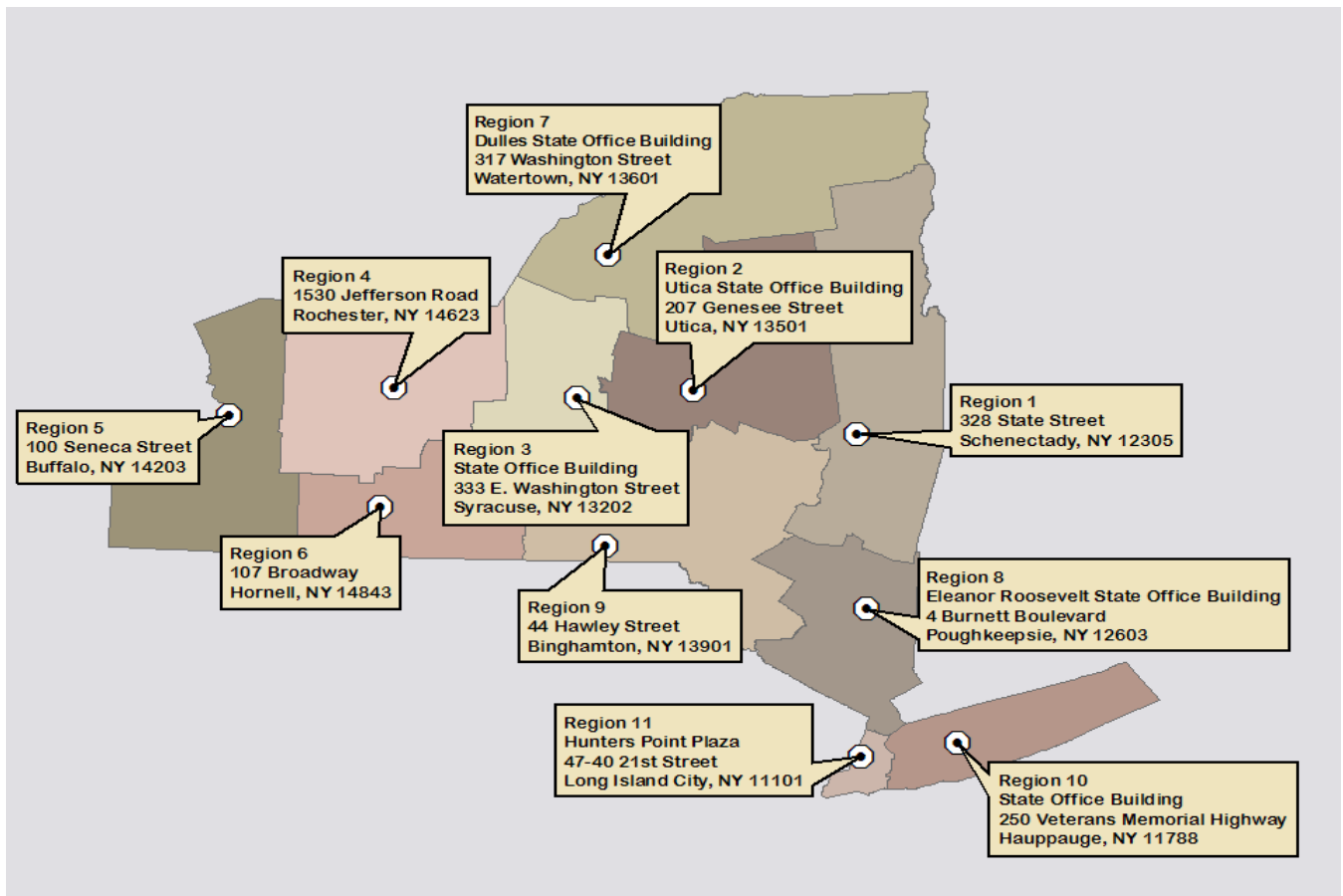
Address of Insurance Company (please print)

Authorized Name of Insurance Agent or Broker (please print)

Telephone No. of Insurance Company

Address of Insurance Agent (please print)

Telephone No. of Insurance Agent



Region	Address	Fax	Counties
1	NYSDOT Region 1, Highway Work Permits 328 State Street Schenectady, NY 12305	518-388-0379	Albany, Essex, Greene, Rensselaer, Saratoga, Schenectady, Warren, Washington
2	NYSDOT Region 2, Highway Work Permits 207 Genesee Street Utica, NY 13501	315-793-2522	Fulton, Hamilton, Herkimer, Madison, Montgomery, Oneida
3	NYSDOT Region 3 Private Development and Mitigation Section System Operations 333 E. Washington Street Syracuse, NY 13202	315-428-4311	Cayuga, Cortland, Onondaga, Oswego, Seneca, Tompkins
4	NYSDOT Region 4, Highway Work Permits 1530 Jefferson Road Rochester, NY 14623	585-272-3474	Genesee, Livingston, Monroe, Ontario, Orleans, Wyoming, Wayne
5	NYSDOT Region 5, Highway Work Permits 100 Seneca Street Buffalo, NY 14203	716-847-3815	Cattaraugus, Chautauqua, Erie, Niagara
6	NYSDOT Region 6, Highway Work Permits 107 Broadway Hornell, NY 14843	607-324-2663	Allegany, Chemung, Schuyler, Steuben, Tioga, Yates
7	NYSDOT Region 7, Highway Work Permits 317 Washington Street Watertown, NY 13601	315-785-2438	Clinton, Franklin, Jefferson, Lewis, St. Lawrence
8	NYSDOT Region 8, Highway Work Permits 4 Burnett Boulevard Poughkeepsie, NY 12603	845-575-6126	Columbia, Dutchess, Orange, Putnam, Rockland, Ulster, Westchester
9	NYSDOT Region 9, Highway Work Permits 44 Hawley Street Binghamton, NY 13901	607-721-8057	Broome, Chenango, Delaware, Otsego, Schoharie, Sullivan
10	NYSDOT Region 10, Highway Work Permits 250 Veteran's Memorial Highway Hauppauge, NY 11788	631-952-4967	Nassau, Suffolk

ATTACHMENT TO
CERTIFICATE OF INSURANCE FOR HIGHWAY WORK PERMIT
THIS FORM MUST BE SUBMITTED WITH THE APPROPRIATE CERTIFICATE OF INSURANCE (PERM 17)
TO BE PREPARED BY INSURANCE AGENCY OR INSURANCE COMPANY

1. NAME OF PERMIT APPLICANT _____

2. FEIN Number _____

3. Consider the Certificate of Insurance (PERM 17) as PAGE 1, this ATTACHMENT is PAGE _____ of _____ TOTAL PAGES

4. BRANCH OFFICES - Additional locations also listed and covered by the same insurance policy indicated on page one of the Certificate of Insurance (PERM 17), in which the insured has a physical place of business and the vehicles are dispatched from while operating under a NYS Department of Transportation permit.

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? YES NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? YES NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

NAME OR DESIGNATION OF BRANCH OFFICE: _____

DOES THIS BRANCH HAVE A NYSDOT ACCOUNT NO.? YES NO. IF YES, PLEASE PROVIDE _____

BRANCH OFFICE PHYSICAL ADDRESS: _____

BRANCH OFFICE MAILING ADDRESS: _____

TELEPHONE NUMBER OF BRANCH OFFICE: _____

CONTACT PERSON: _____

(Additional sheets may be attached if necessary)