

**Torres Rojas, Genara**

FOI #13412

**From:** hfinley@cmrclaims.com  
**Sent:** Tuesday, August 14, 2012 2:42 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

**Information:**

**First Name:** Holly  
**Last Name:** Finley  
**Company:** CMR Claims TPA for Verizon  
**Mailing Address 1:** 615 N Classen Blvd  
**Mailing Address 2:**  
**City:** OKC  
**State:** OK  
**Zip Code:** 73106  
**Email Address:** [hfinley@cmrclaims.com](mailto:hfinley@cmrclaims.com)  
**Phone:** 800-321-4158  
**Required copies of the records:** No

**List of specific record(s):**

Certificate of Insurance for Tarheel Construction during work on the Port Authority road widening project located at N Ave E Mclester Ave, Elizabeth NJ.

Daniel D. Duffy  
FOI Administrator

August 20, 2012

Ms. Holly Finley  
CMR Claims TPA for Verizon  
615 N Classen Blvd.  
OKC, OK 73106

Re: Freedom of Information Reference No. 13412

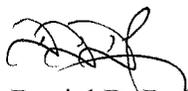
Dear Ms. Finley:

This is a response to your August 14, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code", copy attached) for a copy of the certificate of insurance for Tarheel Construction during work on the Port Authority road-widening project located at N Avenue E Mclester Avenue, Elizabeth, NJ.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13412-O.pdf>. Paper copies of the available records are available upon request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy  
FOI Administrator

Attachment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/30/2011

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> The Safeguard Group, Inc. 100 Granite Drive, Suite 109  Media PA 19063		<b>CONTACT NAME:</b> William Donato Jr., CPCU <b>PHONE (A/C No. Ext):</b> (610) 892-7688 <b>FAX (A/C No.):</b> (610) 892-7695 <b>E-MAIL ADDRESS:</b> wdonato@safeguardgroup.com <b>PRODUCER CUSTOMER ID #:</b> 00005360	
<b>INSURED</b>  Tarheel Enterprises, Inc. 2000 Route 35 North  Morgan NJ 08879		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Wausau Underwriters Insurance 26042 INSURER B: Wausau Business Insurance Co. 26069 INSURER C: Navigators Insurance Company 42307 INSURER D: Commerce and Industry Insurance 19410 INSURER E: Greenwich Insurance Company 22322 INSURER F:	<b>NAIC #</b>

**COVERAGES** **CERTIFICATE NUMBER: 2011 Liability** **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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			TBJ-Z51-289603-021	10/1/2011	10/1/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							
B	AUTOMOBILE LIABILITY <input checked="" 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			ASK-Z51-289603-011	10/1/2011	10/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comprehensive Deductible \$ 1,000 Collision Deductible \$ 1,000	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			NY11EXC657351V	10/1/2011	10/1/2012	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	N/A	20635746	10/1/2011	10/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL. EACH ACCIDENT \$ 500,000 EL. DISEASE - EA EMPLOYEE \$ 500,000 EL. DISEASE - POLICY LIMIT \$ 500,000
E	Contractor's Pollution Retro Date 10/8/08			PEC002746904 Claims Made Coverage	10/8/2011	10/8/2012	Per Claim Limit \$5,000,000 Aggregate Limit 10,000,000	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 RE: Contract #EP-304.018 Elizabeth, Port Authority Marine Terminal, North Avenue/McLester Street Curve Realignment With respect to this OCIP project The Authority; Catellus Urban Renewal North Avenue I LLC; North Avenue East, LLC; Kapkowski Road, LLC; Industrial Medical & Surgical Polyclinic, Inc. are included as Additional Insureds, on-site Auto only, off-site General Liability & Umbrella. Workers Compensation applies to off-site operation only, but only if

<b>CERTIFICATE HOLDER</b>  The Port Authority of NY & NJ Three Gateway Center 3rd Floor Newark, NJ 07102	<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  W Donato Jr., CPCU/JE <i>William C. Donato Jr.</i>
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**COMMENTS/REMARKS**

required by signed, written contract.

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The insurer shall not, without obtaining the express advance written permission from the General Counsel of the Port Authority, raise any defense involving in any way the jurisdiction of the tribunal over the person of the Port Authority, the immunity of the Port Authority, its Commissioners, officers, agents or employees, the governmental nature of the Port Authority or the provisions of any statutes respecting suites against the Port Authority.

**Additional Named Insureds**

**Other Named Insureds**

ODJ Contracting Corp.	Corporation, Insured Multiple Names
Pennsylvania Glacial Till, LLC	Limited Liability Company, Additional Named Insured
Sea Bright Concrete, LLC	Limited Liability Company, Insured Multiple Names
Tarheel Quarry, LLC	Limited Liability Company, Insured Multiple Names