

Torres Rojas, Genara

FOI # 14796

**Subject:** FW: FOI REFERENCE NO. 14796

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**From:** Earl [<mailto:eeaton@eatoninsurance.com>]

**Sent:** Thursday, March 27, 2014 5:52 PM

**To:** American, Heavyn-Leigh

**Subject:** RE: FOI REFERENCE NO. 14796

To be more specific please provide the certificates of insurance submitted for Job MWA-892 at LaGuardia Airport.

Thank you,

Earl P. Eaton, CPCU

Earl P. Eaton, CPCU, CLU

Eaton Insurance Agency  
120 Broadway  
Amityville, NY 11701

[www.eatoninsurance.com](http://www.eatoninsurance.com)

[eeaton@eatoninsurance.com](mailto:eeaton@eatoninsurance.com)

(T) 631-841-0270

(F) 631-841-0509

**THE PORT AUTHORITY OF NY & NJ**

*FOI Administrator*

April 11, 2014

Mr. Earl Eaton  
Eaton Insurance Agency  
120 Broadway  
Amityville, NY 11701

Re: Freedom of Information Reference No. 14796

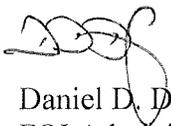
Dear Mr. Eaton:

This is in response to your March 27, 2014 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for a copy of the "certificates of insurance submitted for Job MWA-892 at LaGuardia Airport." A follow-up request was received 3/27/14 for " the certificates of insurance submitted for Job Tv1W A -892 at LaGuardia Airport."

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/14796-C.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

*225 Park Avenue South, 17th Floor  
New York, NY 10003  
T: 212 435 3642  
F: 212 435 7555*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2014

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).

PRODUCER Eaton Insurance Agency 120 Broadway Amityville, NY 11701	CONTACT NAME: CLARE	
	PHONE (A/C, No, Ext): 631 841 0270	FAX (A/C, No): 631 841 0509
	E-MAIL ADDRESS: calvino@eatoninsurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ARCH SPECIALTY INS. CO.		3786
INSURER B: AIG		19402
INSURER C: STATE INS FUND		20010
INSURER D: FIRST REHABILITATION INS. CO.		81434
INSURER E: ALLMERICA FINANCIAL INSURANCE CO		41840
INSURER F: ALLIANZ		

INSURED: BILTWEL GENERAL CONTRACTOR CORP  
31 MARY PITKIN PATH  
SHOREHAM NY 11786

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> PRIMARY/NON CONTRIB. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	AGL000762300	12/23/13	12/23/14	EACH OCCURRENCE \$ 2000000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150000.00 MED EXP (Any one person) \$ 10000.00 PERSONAL & ADV INJURY \$ 2000000.00 GENERAL AGGREGATE \$ 4000000.00 PRODUCTS - COMP/OP AGG \$ 4000000.00 \$
E	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	AWY9880351-00	04/11/13	04/11/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$	X	BE034544707	12/23/13	12/23/14	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	11243384-3	04/01/13	04/11/14	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100000.00 E.L. DISEASE - EA EMPLOYEE \$ 100000.00 E.L. DISEASE - POLICY LIMIT \$ 500000.00
F	RENTED EQUIPMENT		MXI93012203-000384	08/26/13	08/26/14	50,000      1,000 DED
D	NYS Disability Ins		D271046	02/28/13	02/28/15	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: MWA-892

THE PORT AUTHORITY OF NY & NJ AND THE CITY OF NEW YORK ARE LISTED AS ADDITIONAL INSURED WITH RESPECTS TO THIS PROJECT IF REQUIRED UNDER WRITTEN CONTRACT. IMMUNITY CLAUSE ATTACHED.

<b>CERTIFICATE HOLDER</b> PORT AUTHORITY OF NY & NJ HANGAR 7 CENTER LAGUARDIA AIRPORT FLUSHING, NY 11371	<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 
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POLICY NUMBER: AGL0007623-00

COMMERCIAL GENERAL LIABILITY  
CG 24 14 04 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF GOVERNMENTAL IMMUNITY**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

We will waive, both in the adjustment of claims and in the defense of "suits" against the insured, any governmental immunity of the insured, unless the insured requests in writing that we not do so.

Waiver of immunity as a defense will not subject us to liability for any portion of a claim or judgment in excess of the applicable limit of insurance.