



ERIE COUNTY WATER AUTHORITY
INTEROFFICE MEMORANDUM

February 26, 2019

To: Terrence D. McCracken, Secretary

From: Karen A. Prendergast, Comptroller
Susan L. Rinaldo, Cash Manager *SK*

Subject: Resolution for a Paymentus Addendum for ACH Compliance

Currently, Paymentus is the Authority's paying agent for credit card payments. They have sent us an addendum to their contract to ensure the Authority is in compliance with Automated Clearing House (ACH) rules. The addendum references the future processing of ACH transactions for the Authority. Currently, Key Bank is the Authority's agent for ACH transactions. There is currently no plan to use Paymentus to process ACH transactions. There will be no changes to the processing, timing or any other aspect of these payments. Please include this item as a resolution for the next meeting.



13024 Ballantyne Corporate Place
Suite 450
Charlotte, NC 28277

ACH ORIGATION ADDENDUM

This ACH Origination Addendum ("Addendum") is entered into as of _____
by and between _____ ("you") and **Paymentus Corporation**, a Delaware corporation ("us").

This Addendum applies if you have a Master Services Agreement or any other agreement with us (including for this purpose, any affiliate) and we currently or in the future process Automated Clearinghouse ("ACH" or "e-check") transactions for you. This Addendum highlights those additional terms that apply to our processing of ACH transactions for you. Unless otherwise defined in this Addendum, capitalized terms in this Addendum have the meanings set forth in the Master Services Agreement or as defined in the NACHA Operating Rules (as defined below).

The ACH network is controlled and managed by the National Automated Clearinghouse Association ("NACHA") and its member organizations and is governed by certain operating rules ("Rules"). The Rules require that all Originators (like you), and Third-Party Senders (like us) must be bound to the Rules. You are authorizing us to submit ACH debit and credit entries on your behalf. As an Originator of debit and credit entries, you accept the obligations as defined in the Rules insofar as you perform the functions identified in the Rules. We further accept our obligations as a Third-Party Sender insofar as we perform the functions identified in the Rules for you.

Depending on the circumstances, either you or we will obtain your customers' consent to debit or credit their bank account. The consents will be in the form and manner that complies with the Rules. If authorizations were obtained prior to your agreement with us (and/or from another Third-Party Sender or Third-Party Service Provider), you agree to retain proof of this consent and provide it to us upon request within five (5) business days. If a customer has stopped payment or revoked authorization for a transaction, you agree not to reinitiate this payment until a new authorization is obtained from the customer.

You acknowledge that ACH entries may not be initiated that violate the laws of the United States. You may not, and may not attempt to (and we will not and will not attempt to on your behalf) send or receive funds to or from a person, entity, or state where such transactions are prohibited by applicable law and will not initiate transactions on behalf of another person or entity for which you are not the ultimate beneficiary.

You acknowledge that we have a responsibility to monitor and review your ACH originated activity for compliance with this Addendum, the Rules and applicable laws, regulations and orders as well as for security, legal, fraud and any other legitimate purpose as permitted by law. This includes the right to review your records and you agree to provide access to any information reasonably requested in connection with any review. If you are found to have breached any term of this Addendum or the Rules, we may terminate or suspend this Addendum by giving you written notice, which will be effective immediately.

NACHA may amend the Rules at any time, and we may amend this Addendum or make changes to Services as necessary to comply with the Rules. If we make those changes, we will provide you with a copy of the amended Addendum or a description of the Services changes, which in either case will be effective when we make it available to you.

Signed By: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/27/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: USI Insurance Services, LLC, 2502 N Rocky Point Drive, Suite 400, Tampa, FL 33607. CONTACT NAME: USI Insurance Services, LLC, PHONE: 813 321-7500, FAX: 813 321-7525. INSURED: Paymentus Corporation, 13024 Ballantyne Corporate Place, Suite 450, Charlotte, NC 28277. INSURER(S) AFFORDING COVERAGE: INSURER A: Ohio Security Insurance Company (24082), INSURER B: Ohio Casualty Insurance Company (24074), INSURER C: Travelers Indemnity Company of CT (25682).

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (BKS1958546002), Automobile Liability (BAS1958546002), Umbrella Liability (USO1958546002), Workers Compensation and Employers' Liability (UB7J41039318), and Crime/Prof & Cyber (82368980).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *Professional & Excess Professional & Cyber Liability: Policy #018018598 - Carrier: National Union Fire Ins - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #MTE004184205 - Carrier: Greenwich Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #P00100003847001 - Carrier: Axis Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #EMU126514 - Carrier: Hudson Specialty Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000 (See Attached Descriptions)

CERTIFICATE HOLDER: Erie County Water Authority, Attn: Robert J Lichtenhal, Deputy Director, 295 Main Street, Room 350, Buffalo, NY 14203-2415. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. APPROVED FEB 26 2019. AUTHORIZED REPRESENTATIVE: B. M. Canal

Client#: 1057753

PAYMEHOL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/27/2019

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: USI Insurance Services, LLC, 2502 N Rocky Point Drive, Suite 400, Tampa, FL 33607. CONTACT NAME: USI Insurance Services, LLC. PHONE (A/C, No, Ext): 813 321-7500. FAX (A/C, No): 813 321-7525. INSURER(S) AFFORDING COVERAGE: INSURER A: Ohio Security Insurance Company (NAIC # 24082), INSURER B: Ohio Casualty Insurance Company (NAIC # 24074), INSURER C: Travelers Indemnity Company of CT (NAIC # 25682).

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Crime/Prof & Cyber.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *Professional & Excess Professional & Cyber Liability: Policy #018018598 - Carrier: National Union Fire Ins - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #MTE004184205 - Carrier: Greenwich Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #P00100003847001 - Carrier: Axis Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000. Policy #EMU126514 - Carrier: Hudson Specialty Insurance Co. - Effective 8/9/2018-2019 - Limit: \$10,000,000 (See Attached Descriptions)

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APPROVED FEB 26 2019

DESCRIPTIONS (Continued from Page 1)

Policy #PH1800769 - Carrier: Lloyds of London - Effective 8/9/2018-2019 - Limit: \$10,000,000

Policy #652024674 - Carrier: Continental Casualty Company - Effective 8/9/2018-2019 - Limit: \$10,000,000

Crime Limits:

Employee Theft - \$20,000,000 Limit / \$100,000 Retention

Premises - \$20,000,000 Limit / \$100,000 Retention

In Transit - \$20,000,000 Limit / \$100,000 Retention

Forgery - \$20,000,000 Limit / \$100,000 Retention

Computer Fraud - \$20,000,000 Limit / \$100,000 Retention

Funds Transfer Fraud - \$20,000,000 Limit / \$100,000 Retention

Money Orders & Counterfeit Currency Fraud - \$20,000,000 Limit / \$100,000 Retention

Client Card Fraud - \$20,000,000 Limit / \$100,000 Retention

Client - \$20,000,000 Limit / \$100,000 Retention

Expense - \$250,000 Limit / NA

Social Engineering Fraud Coverage - \$250,000 Limit / \$100,000 Retention

Erie County Water Authority is hereby named as an additional insured as required by written contract or agreement.

Rating Services

The Ohio Casualty Insurance Company

A.M. Best #: 002378 NAIC #: 24074 FEIN #: 310396250

Administrative Office

175 Berkeley Street
 Boston, MA 02116
 United States

[View Additional Address Information](#)

Web:

www.LibertyMutualGroup.com

Phone: 513-603-2400

Fax: 513-603-3179

Assigned to insurance companies



that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

[View additional news, reports and products for this company.](#)

Based on A.M. Best's analysis, 051114 - Liberty Mutual Holding Company Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities in this structure.](#)

Best's Credit Ratings

Financial Strength Rating [View Definition](#)

Rating: A (Excellent)
Affiliation Code: p (Pooled)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: May 16, 2018
Initial Rating Date: June 30, 1924

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Gregory Dickerson
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form
[View A.M. Best's Rating Disclosure Form](#)

Press Release
 A.M. Best Affirms Credit Ratings of Liberty Mutual Holding Company Inc. and Its Subsidiaries
 May 16, 2018

Long-Term Issuer Credit Rating [View Definition](#)

Long-Term: a
Outlook: Stable
Action: Affirmed
Effective Date: May 16, 2018

Rating Services

Ohio Security Insurance Company

A.M. Best #: 002379 NAIC #: 24082 FEIN #: 310541777

Mailing Address

175 Berkeley Street
Boston, MA 02116
United States

[View Additional Address Information](#)

Web:

www.LibertyMutualGroup.com

Phone: 617-357-9500

Fax: 513-603-3179

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



[View additional news, reports and products for this company.](#)

Based on A.M. Best's analysis, 051114 - Liberty Mutual Holding Company Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities in this structure.](#)

Best's Credit Ratings

Financial Strength Rating View Definition

Rating: A (Excellent)
Affiliation Code: r (Reinsured)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: May 16, 2018
Initial Rating Date: June 30, 1958

Long-Term Issuer Credit Rating View Definition

Long-Term: a
Outlook: Stable
Action: Affirmed
Effective Date: May 16, 2018

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Gregory Dickerson
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

[View A.M. Best's Rating Disclosure Form](#)

Press Release

A.M. Best Affirms Credit Ratings of Liberty Mutual Holding Company Inc. and Its Subsidiaries
May 16, 2018

Rating Services

The Travelers Indemnity Company of Connecticut

A.M. Best #: 002517 NAIC #: 25682 FEIN #: 060336212

Domiciliary Address

One Tower Square
Hartford, CT 06183
United States

Web: www.travelers.com

Phone: 860-277-0111

Fax: 860-277-7002

Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.



View additional news, reports and products for this company.

Based on A.M. Best's analysis, 058470 - The Travelers Companies, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

Best's Credit Ratings	
<p>Financial Strength Rating View Definition</p> <p>Rating: A++ (Superior) Affiliation Code: g (Group) Financial Size Category: XV (\$2 Billion or greater) Outlook: Stable Action: Affirmed Effective Date: October 31, 2018 Initial Rating Date: December 31, 1907</p>	<p>Best's Credit Rating Analyst</p> <p>Rating Office: A.M. Best Rating Services, Inc. Senior Financial Analyst: Gregory Dickerson Director: Jennifer Marshall, CPCU, ARM <i>Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.</i></p>
<p>Long-Term Issuer Credit Rating View Definition</p> <p>Long-Term: aa+ Outlook: Stable Action: Affirmed Effective Date: October 31, 2018</p>	<p>Disclosure Information</p> <p>Disclosure Information Form View A.M. Best's Rating Disclosure Form</p> <p>Press Release A.M. Best Affirms Credit Ratings of The Travelers Companies, Inc. and Its Main Subsidiaries October 31, 2018</p>

Rating Services

National Union Fire Insurance Company of Pittsburgh, Pa.

A.M. Best #: 002351 NAIC #: 19445 FEIN #: 250687550

Administrative Office

175 Water Street 18th Floor
New York, NY 10038
United States

[View Additional Address Information](#)

Web: www.aig.com

Phone: 212-770-7000

Assigned to
insurance
companies



that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

[View additional news, reports and products for this company.](#)

Based on A.M. Best's analysis, 058702 - American International Group, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities in this structure.](#)

Best's Credit Ratings

Financial Strength Rating View Definition

Rating: A (Excellent)
Affiliation Code: p (Pooled)
Financial Size Category: XV (\$2 Billion or greater)
Outlook: Stable
Action: Affirmed
Effective Date: June 20, 2018
Initial Rating Date: December 31, 1907

Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.
Senior Financial Analyst: Darian Ryan
Senior Director: Michael J. Lagomarsino, CFA, FRM
Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Long-Term Issuer Credit Rating View Definition

Long-Term: a
Outlook: Stable
Action: Affirmed



**Certificate of Attestation of Exemption
From New York State Workers' Compensation
and/or Disability Benefits Insurance Coverage**

****This form cannot be used to waive the workers' compensation rights or obligations of any party.****

The applicant may use this Certificate of Attestation of Exemption **ONLY** to show a government entity that New York State specific workers' compensation and/or disability benefits insurance is not required. The applicant may **NOT** use this form to show another business or that business's insurance carrier that such insurance is not required.

Please provide this form to the government entity from which you are requesting a permit, license or contract. This Certificate will not be accepted by government officials one year after the date printed on the form.

<p align="center">In the Application of (Legal Entity Name and Address):</p> <p>PAYMENTUS CORPORATION DBA: PAYMENTUS CORPORATION 13024 BALLANTYNE CORPORATE SUITE 450 CHARLOTTE, NC 28277 PHONE: 905-882-8020 FEIN: XXXXX9272</p>	<p align="center">Business Applying For: Contract with Government Agency</p> <p>From: ERIE COUNTY WATER AUTHORITY</p>
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Workers' Compensation Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE SPECIFIC WORKERS' COMPENSATION INSURANCE COVERAGE** for the following reason:
The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.

Disability Benefits Exemption Statement:

The above named business is certifying that it is **NOT REQUIRED TO OBTAIN NEW YORK STATE STATUTORY DISABILITY BENEFITS INSURANCE COVERAGE** for the following reason:
The business **MUST** be either: 1) owned by one individual; OR 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; OR 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); OR 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)

I, RAM RAMOTAR, am the CONTROLLER with the above-named legal entity. I affirm that due to my position with the above-named business I have the knowledge, information and authority to make this Certificate of Attestation of Exemption. I hereby affirm that the statements made herein are true, that I have not made any materially false statements and I make this Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation or concealment will subject me to felony criminal prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State laws. By submitting this Certificate of Attestation of Exemption to the government entity listed above I also hereby affirm that if circumstances change so that workers' compensation insurance and/or disability benefits coverage is required, the above-named legal entity will immediately acquire appropriate New York State specific workers' compensation insurance and/or disability benefits coverage and also immediately furnish proof of that coverage on forms approved by the Chair of the Workers' Compensation Board to the government entity listed above.

SIGN HERE	Signature:	Date: August 7, 2014
Exemption Certificate Number 2014-052834		Received August 7, 2014 NYS Workers' Compensation Board

RECEIVED AUG 08 2014

APPROVED

Erie County Water Authority Insurance Requirements for Professional Services

Project Number: 201400076

Description: RFP for Credit Card & Electronic Payment Acceptance

The following minimum insurance requirements shall apply to professional service providers under agreement with the Erie County Water Authority (ECWA). If at anytime, in the opinion of ECWA, there is an unusual or exceptional risk, ECWA may establish additional insurance requirements for the duration of the agreement. All insurance required herein shall be obtained at the sole cost and expense of the professional service provider, including deductibles and self-insured retentions. These requirements include but are not limited to the minimum insurance requirements.

An X indicates insurance coverage is required.

X **Commercial General Liability Insurance:** (including, but not limited to, Bodily (Personal) Injury, Premises Operations, Property Damage Liability (broad form), Contractual Liability, Advertising Injury, Independent Contractors, Product Liability, and Completed Operations Liability in an amount not less than \$1,000,000 combined single limit and \$2,000,000 in the aggregate:

 Per Policy

 X Per Project or Job

 Per Location

There should be no exclusions for any claims filed, actual or alleged, for violation of any applicable statute including, but not limited to, the New York State or federal labor laws, ordinances, administrative orders, executive orders, rules, regulations, or decrees of any court of competent jurisdiction.

X **Comprehensive Business Automobile Insurance** in an amount of not less than \$1,000,000 each accident and shall cover liability arising out of any automobile owned, leased, hired, borrowed and non-owned automobiles.

X **Excess Umbrella Liability Insurance:**

\$1,000,000 in the aggregate

\$2,000,000 in the aggregate

\$3,000,000 in the aggregate

\$4,000,000 in the aggregate

\$5,000,000 in the aggregate

Per Policy

Per Project or Job

Per Location

X **Professional Liability Insurance:** Per each occurrence and in the aggregate. Continuous coverage shall be maintained, or on an extended discovery period ("tail coverage"), for a period of not less than two years from the time the agreement has been completed in an amount of not less than:

\$1,000,000 in the aggregate

\$2,000,000 in the aggregate

\$3,000,000 in the aggregate

\$4,000,000 in the aggregate

\$5,000,000 in the aggregate

X Workers' Compensation and Employers' Liability and New York State Disability Benefits Insurances, as required by New York State statute.

Certificates of Insurance and renewals, on forms approved by the New York State Department of Insurance, must be submitted to ECWA prior to the award of contract. Each insurance carrier issuing a Certificate of Insurance shall be rated by A. M. Best no lower than "A-" with a Financial Strength Code (FSC) of at least VII. The professional service provider shall name ECWA, its officers, agents and employees as additional insured on a Primary and Non-Contributory Basis, including a Waiver of Subrogation endorsement (form CG 20 26 11 85 or equivalent), on all applicable liability policies. Any liability coverage on a "claims made" basis should be designated as such on the Certificate of Insurance.

To avoid confusion with similar insurance company names and to properly identify the insurance company, please make sure that the insurer's National Association of Insurance Commissioners (N.A.I.C.) identifying number or A. M. Best identifying number appears on the Certificate of Insurance.

Acceptance of a Certificate of Insurance and/or approval by ECWA shall not be construed to relieve the professional service provider of any obligations, responsibilities or liabilities.

Certificates of Insurance should be e-mailed to AALESSI@ECWA.ORG or mailed to Mr. Anthony Alessi, ECWA Claims Representative/Risk Manager, Erie County Water Authority, 295 Main Street – Room 350, Buffalo, New York 14203-2494, or If you have any questions you can contact Mr. Alessi by e-mail or phone (716) 849-8477.

Please refer to the bid and the contract document(s) for additional information regarding insurance requirements.

