

CITY OF KINGSTON  
Department of Public Works  
publicworks@kingston-ny.gov

Edward Norman, Superintendent



Steven T. Noble, Mayor

June 2020

Property Owner/Contractor

Enclosed please find the updated permit applications for work to be performed on a City of Kingston street or sidewalk. These applications are also inclusive for placement of dumpsters and curb cuts.

Anytime a City of Kingston street or public right of way is to be excavated, blocked or repaired an application must be completed and submitted to the Office of Public Works for review and approval before any work is to commence or dumpsters placed. Along with the application you will need to provide proof of insurance as outlined in the Insurance Requirement sheet.

Applications are available on the City website and at the Public Works administrative office.

A minimum of a 48-hour turnaround is needed. For any questions regarding the permit process please call us for clarification.

Sincerely,

Edward Norman  
Superintendent Public Works

**INSURANCE REQUIREMENTS FOR EXCAVATION PERMIT**

*Must be submitted to DPW administration office at time of application*

- **Bond of Indemnity with surety** \$10,000.00 (ten thousand dollars)
- **Worker's Compensation Coverage**

\_\_\_\_\_ Contractor needing coverage with outside carrier  
Form C-105.2 – Certificate of Worker's Compensation

\_\_\_\_\_ Contractor needing coverage and self-insured  
Form SI-12 – Certificate of Worker's Compensation Self-Insurance

\_\_\_\_\_ Contractor not required to carry coverage  
Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and /or Disability Benefits Insurance Coverage

- **Disability Benefits Requirements**

\_\_\_\_\_ Contractor needing coverage with outside carrier  
Form DB-120.1 – Certificate of Disability Benefits Insurance

\_\_\_\_\_ Contractor needing coverage and self-insured  
Form DB-155 – Certificate of Disability Self-Insurance

\_\_\_\_\_ Contractor not required to carry coverage  
Form CE-200 – Certificate of Attestation of Exemption from NYS Worker's Compensation and /or Disability Benefits Insurance Coverage

- **Commercial General Liability Insurance**

Written on Commercial General Liability Form

Including:      *Contractual Liability*  
                      *Independent Contractors*  
                      *Products and Completed Operations*

Certificate Holder Must Name City of Kingston – 420 Broadway Kingston NY 12401 and Include:

- |  |  |
|--|--|
| <i>*Name and Address of Insured</i>                                      | <i>*Type of Coverage in Effect</i>     |
| <i>*Issue Date of Certificate</i>  | <i>*Policy Number</i>                  |
| <i>*Insurance Company Name</i>   | <i>*Inception and Expiration Dates</i> |
| <i>*Limits of Liability for all policies included on the certificate</i> |  |

Bodily Injury Liability Insurance not less than \$1,000,000.00 (one million dollars) for each occurrence  
Not less than \$2,000,000 (two million dollars) general aggregate

Property Damage Liability Insurance not less than \$1,000,000.00 (one million dollars) for each occurrence  
Not less than \$2,000,000 (two million dollars) general aggregate