

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/30/2009

PRODUCER  
**NAME OF INSURANCE  
BROKER**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED  
**NAME OF CONTRACTOR**

|                                    |          |               |
|------------------------------------|----------|---------------|
| <b>INSURERS AFFORDING COVERAGE</b> |          | <b>NAIC #</b> |
| INSURER A:                         | REQUIRED |               |
| INSURER B:                         |          |               |
| INSURER C:                         |          |               |
| INSURER D:                         |          |               |
| INSURER E:                         |          |               |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR                                      | INSRD | TYPE OF INSURANCE   | POLICY NUMBER                                      | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                    |              |
|---|-------|---|--|----------------------------------|-----------------------------------|---|--------------|
| A   |       | GENERAL LIABILITY   | <b>REQUIRED</b>                                    | <b>REQUIRED</b>                  | <b>REQUIRED</b>                   | EACH OCCURRENCE                           | \$ 1,000,000 |
|   |       | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  |                                  |                                   | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
|   |       | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  |  |                                  |                                   | MED EXP (Any one person)                  | \$ 5,000     |
|   |       |   |  |                                  |                                   | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|   |       |   |  |                                  |                                   | GENERAL AGGREGATE                         | \$ 2,000,000 |
|   |       |   |  |                                  |                                   | PRODUCTS - COM/OP AGG                     | \$ 1,000,000 |
|   |       | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |                                  |                                   |   |              |
|   |       | AUTOMOBILE LIABILITY  | <b>REQUIRED</b>                                    | <b>REQUIRED</b>                  | <b>REQUIRED</b>                   | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000 |
|   |       | <input checked="" type="checkbox"/> ANY AUTO  |  |                                  |                                   | BODILY INJURY (Per person)                | \$           |
|   |       | <input type="checkbox"/> ALL OWNED AUTOS  |  |                                  |                                   | BODILY INJURY (Per accident)              | \$           |
|   |       | <input type="checkbox"/> SCHEDULED AUTOS  |  |                                  |                                   | PROPERTY DAMAGE (Per accident)            | \$           |
|   |       | <input checked="" type="checkbox"/> HIRED AUTOS   |  |                                  |                                   |   |              |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |       |   |  |                                  |                                   |   |              |
|   |       | GARAGE LIABILITY  |  |                                  |                                   | AUTO ONLY - EA ACCIDENT                   | \$           |
|   |       | <input type="checkbox"/> ANY AUTO   |  |                                  |                                   | OTHER THAN EA ACC                         | \$           |
|   |       |   |  |                                  |                                   | AUTO ONLY: AGG                            | \$           |
| A   |       | EXCESS/UMBRELLA LIABILITY   |  |                                  |                                   | EACH OCCURRENCE                           | \$           |
|   |       | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE   |  |                                  |                                   | AGGREGATE                                 | \$           |
|   |       | <input type="checkbox"/> DEDUCTIBLE   |  |                                  |                                   |   | \$           |
|   |       | <input type="checkbox"/> RETENTION \$   |  |                                  |                                   |   | \$           |
|   |       |   |  |                                  |                                   |   | \$           |
| A   |       | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   | <b>MUST BE ON:</b><br>C105.2, U26.3, CE-200, SI-12 |                                  |                                   | WC STATU-TORY LIMITS                      | OTH-ER       |
|   |       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   |  |                                  |                                   | E.L. EACH ACCIDENT                        | \$           |
|   |       | If yes, describe under SPECIAL PROVISIONS below   |  |                                  |                                   | E.L. DISEASE - EA EMPLOYEE                | \$           |
|   |       |   |  |                                  |                                   | E.L. DISEASE - POLICY LIMIT               | \$           |
|   |       | DISABILITY  | <b>MUST BE ON:</b><br>CE-200, DB-120.1, DB-155     |                                  |                                   |   |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CERTIFICATE HOLDER IS LISTED AS  
ADDITIONALLY INSURED

INSURERS ARE ALL LICENSED TO DO BUSINESS  
IN THE STATE OF NEW YORK

**CERTIFICATE HOLDER**

TOWN/VILLAGE OF HARRISON  
1 HEINEMAN PL  
HARRISON, NY 10528

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **\*30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE