

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2020

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 DAME: Insurance Contact Name						
Producing Company		PHONE Incurrence Dhone # FAX Fox #				
Example Avenue		A/C, No, Ext): Insurance Priore # (A/C, No): Pax # E-MAIL ADDRESs: Insurance Contact Email Address				
New York, NY 10441		INSURER(S) AFFORDING COVERAGE NAIC #				
		INSURER A : Insurer Name				55555
INSURED		INSURER B :				
Insured Company's Name		INSURER C :				
Example Lane	INSU	INSURER D :				
New York, NY 12002		INSURER E :				
		INSURER F :				
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 TO THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIED HER TO SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED A PAID CLAIS.						
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFN (MM/DD/YYYY)	POLICY M/DD/Y	LIMIT	5	
				ACH OF RRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR			0 1/2021	PREMISES (Ea occurrence)	\$	50000
				MED EXP (Any one person)	\$	5000
A BI	EN-12345	07/ 2020		PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	1,000,000
				PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:			<u> </u>	COMBINED SINGLE LIMIT	\$	
		07/10/2020	07/10/2021	(Ea accident) BODILY INJURY (Per person)	\$ \$	1,000,000
B ALLOWNED SCHEDULED				BODILY INJURY (Per accident)	э \$	
AUTOS NON-OWNED	:DM-1234 89			PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS				(Per accident)	\$	
				EACH OCCURRENCE	\$	4,000,000
	XA 321	06/10/2020	06/10/2020	AGGREGATE	\$	
DED RETENTION \$					\$	
WORKERS COMPENSATION		06/10/2020	06/10/2021	PER OTH- STATUTE ER		
D AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTE Y/N OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$	5,000,000
(Mandatory in NH)	RF56849			E.L. DISEASE - EA EMPLOYEE	\$	5,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	\$	5,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is listed as additional insured as respect to general liability as required by written contract.						
Certificate Holder is listed as additional insured as respect to ge	eneral liability as required by	written contract.				
		CANCELLATION				
	si	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
CECONY Inc.		THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
4 Irving Pl. New York, NY 10003	A	CCORDANCE W	TH THE POLIC	T PROVISIONS.		
		AUTHORIZED REPRESENTATIVE				
	Example Signature					
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