



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/2014

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 Hub International Northeast Limited- LI 100 Sunnyside Blvd CORRECTLY LISTED CONTRACTOR Woodbury NY 11797 OR NAME OF ENTITY ON LEASE		CONTACT NAME: PHONE (A/C No. Ext): 516-677-4700 FAX (A/C No): 516-496-4040 E-MAIL ADDRESS: erin.corcoran@hubinternational.com	
INSURED Cus#346039 CONTRACTORS NAME AND ADDRESS OR TENANTS NAME AND ADDRESS		INSURER(S) AFFORDING COVERAGE INSURER A: COMPANY COMPLETE NAME INSURER B: COMPANY COMPLETE NAME INSURER C: COMPANY COMPLETE NAME INSURER D: COMPANY COMPLETE NAME INSURER E: INSURER F:	
		NAIC # 39217 COMPLETE CARRIER NAME SHOULD BE SHOWN	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$0 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	X	X	POLICY123	04/01/2014	04/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$250,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$1,000,000 EMPLOYEE BENEFITS \$1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			POLICY123	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			POLICY123	04/01/2014	04/01/2015	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY123	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
PROJECT LOCATION AND DESCRIPTION INCLUDED							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED FOR PROJECT LOCATED AT 123 MAIN ST ROOF REPAIR
 WAIVER OF SUBROGATION AND NOTICE OF 30 DAY CANCELLATION APPLIES
 COVERAGE IS PRIMARY AND NON-CONTRIBUTORY

CERTIFICATE SHOWS REQUIRED CONTRACT WORDING FOR WAIVER OF SUBROGATION, NOTICE OF 30 DAY CANCELLATION AND PRIMARY AND NON-CONTRIBUTORY COVERAGE

CERTIFICATE HOLDER

MEMBER NAME	CERTIFICATE HOLDER SHOULD INCLUDE ALL BUILDING OWNER ENTITIES
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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.
AUTHORIZED REPRESENTATIVE

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CONTINUED – ACORD 25

General Liability

Coverages	Carrier	Policy #	Amounts of Insurance
Excess Liability	Navigators Ins. Co.	LA14EXC773472IV	\$20MM XS \$5MM
Excess Liability	Great American Ins. Co.	EXC1910813	\$25MM XS \$25MM
Excess Liability	Fireman’s Fund*	SHX00015109945	\$50MM XS \$50MM

*Fireman’s Fund Layer does not apply to Structural Construction Projects – Maximum Limit \$50MM for Structural Projects.

Limits

Structural GL	First Mercury Ins. Co.	\$ 1,000,000	Per Occurrence
		\$ 2,000,000	General Aggregate
		\$ 5,000,000	Policy Aggregate
		\$ 15,000	Deductible
	-Waiver of Subrogation		
	-Blanket Additional Insureds		
	-Designated Locations Only		