

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/02/2013

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).

<b>PRODUCER</b> <b>Adirondack Trust Insurance</b> <b>31 Church Street - 4th Floor</b> <b>PO Box 336</b> <b>Saratoga Springs, NY 12866</b>	<b>CONTACT NAME:</b> Paul O'Malley <b>PHONE (A/C, No, Ext):</b> 518 584-5300 <b>FAX (A/C, No):</b> 518 584-7306 <b>E-MAIL ADDRESS:</b> pomalley@adirondacktrustinsurance.com																					
<b>INSURED</b> <b>Hanson Van Vleet, LLC</b> <b>902 Route 146</b> <b>Clifton Park, NY 12065</b>	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td colspan="2"><b>INSURER A : Selective Way Insurance Company</b></td><td><b>26301</b></td></tr> <tr> <td colspan="2"><b>INSURER B : Republic Franklin Insurance Co</b></td><td><b>12475</b></td></tr> <tr> <td colspan="2"><b>INSURER C : Atlantic Specialty Insurance Co</b></td><td><b>27154</b></td></tr> <tr> <td colspan="2"><b>INSURER D :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER E :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER F :</b></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A : Selective Way Insurance Company</b>		<b>26301</b>	<b>INSURER B : Republic Franklin Insurance Co</b>		<b>12475</b>	<b>INSURER C : Atlantic Specialty Insurance Co</b>		<b>27154</b>	<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>		
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**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	
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>S1887690</b>	<b>04/01/2013</b>	<b>04/01/2014</b>	<b>EACH OCCURRENCE</b>	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b>	<b>\$300,000</b>
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>						<b>MED EXP (Any one person)</b>	<b>\$10,000</b>
							<b>PERSONAL &amp; ADV INJURY</b>	<b>\$1,000,000</b>
							<b>GENERAL AGGREGATE</b>	<b>\$3,000,000</b>
							<b>PRODUCTS - COMP/OP AGG</b>	<b>\$3,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> <b>POLICY</b>	<input type="checkbox"/> <b>PRO-JECT</b>	<input type="checkbox"/> <b>LOC</b>					\$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>			<b>S1887690</b>	<b>04/01/2013</b>	<b>04/01/2014</b>	<b>COMBINED SINGLE LIMIT (Ea accident)</b>	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> <b>ANY AUTO</b>						<b>BODILY INJURY (Per person)</b>	\$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b>	<input type="checkbox"/> <b>SCHEDULED AUTOS</b>					<b>BODILY INJURY (Per accident)</b>	\$
	<input checked="" type="checkbox"/> <b>HIRED AUTOS</b>	<input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>					<b>PROPERTY DAMAGE (Per accident)</b>	\$
								\$
								\$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/> <b>OCCUR</b>		<b>S1887690</b>	<b>04/01/2013</b>	<b>04/01/2014</b>	<b>EACH OCCURRENCE</b>	<b>\$2,000,000</b>
	<input type="checkbox"/> <b>EXCESS LIAB</b>	<input type="checkbox"/> <b>CLAIMS-MADE</b>					<b>AGGREGATE</b>	<b>\$2,000,000</b>
	<input type="checkbox"/> <b>DED</b>	<input checked="" type="checkbox"/> <b>RETENTION \$10000</b>						\$
								\$
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>4489538</b>	<b>01/01/2013</b>	<b>01/01/2014</b>	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b>	<b>OTH-ER</b>
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> <b>Y</b> <input checked="" type="checkbox"/> <b>N</b>	<b>N/A</b>				<b>E.L. EACH ACCIDENT</b>	<b>\$100,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						<b>E.L. DISEASE - EA EMPLOYEE</b>	<b>\$100,000</b>
							<b>E.L. DISEASE - POLICY LIMIT</b>	<b>\$500,000</b>
<b>C</b>	<b>Professional Liability Claims Made</b>			<b>DPL235413</b>	<b>04/22/2013</b>	<b>04/22/2014</b>	<b>\$2,000,000 Per Claim</b> <b>\$2,000,000 Aggregate</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Selective policy provides blanket additional insured coverage when required by a written contract.

As required by written contract or agreement, the City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees is an Additional Insured under General Liability on a primary and non-contributory basis.

**CERTIFICATE HOLDER****CANCELLATION**

**City of Saratoga Springs**  
**Director of Risk & Safety**  
**474 Broadway**  
**Saratoga Springs, NY 12866**

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

*Engine G. Quirk*

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