



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/4/14 RS

**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> Arthur J Gallagher Risk MNGT Serv 377 Oak Street Suite 400 Garden City, NY 11530	<b>CONTACT NAME:</b> Harleysville Insurance Company	
	<b>PHONE</b> (A/C No, Ext): 866-825-7248	<b>FAX</b> (A/C, No):
	<b>E-MAIL</b> : Commercialservicing@Harleysvillegroup.com	
	<b>ADDRESS</b> :	
<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURER A</b> : Harleysville Insurance Co of New York		<b>NAIC #</b> 33235
<b>INSURER B</b> : Harleysville Worcester Insurance Co		26182
<b>INSURER C</b> :		
<b>INSURER D</b> :		
<b>INSURER E</b> :		
<b>INSURER F</b> :		

**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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	x		MPA 38917G	09/26/2013	09/26/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$								
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA 39319G	09/26/2013	09/26/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> WC STATUTORY LIMITS</td> <td style="width: 50%;"><input type="checkbox"/> OTHER</td> </tr> <tr> <td colspan="2">E L EACH ACCIDENT \$</td> </tr> <tr> <td colspan="2">E L DISEASE - EA EMPLOYEE \$</td> </tr> <tr> <td colspan="2">E L DISEASE - POLICY LIMIT \$</td> </tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E L EACH ACCIDENT \$		E L DISEASE - EA EMPLOYEE \$		E L DISEASE - POLICY LIMIT \$	
<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER														
E L EACH ACCIDENT \$															
E L DISEASE - EA EMPLOYEE \$															
E L DISEASE - POLICY LIMIT \$															

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 City of Saratoga Springs City Hall is hereby added as Additional Insured-Designated Person or Organization. Coverage is primary and non-contributory with respects to forms CG 7249.

<b>CERTIFICATE HOLDER</b> City of Saratoga Springs City Hall 474 Broadway Saratoga Springs, NY 12866	<b>CANCELLATION</b> 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 <div style="font-size: 24px; font-weight: bold;">Robin Simmon</div> <small>Digitally signed by Robin Simmon                  DN: cn=Robin Simmon, o=Harleysville Insurance, ou=Service Center, email=rsimmon@harleysvillegroup.com, c=US                  Date: 2014.04.04 08:57:04 -0400</small>
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