

WEHRENE-01 LROETS

ACORD C				ERTIFICATE OF LIABILITY INSURANCE								5/13/2014	
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).												
AP Intego Insurance Group, LLC 144 North Road Suite 2050							NAME: PHONE FAX (A/C, No, Ext): (800) 274-4532 E-MAIL (A/C, No): ADDRESS: (A/C, No):						
Sudbury, MA 01776								INSURER(S) AFFORDING COVERAGE NAIC #					
							INSURER A : Federal Insurance Company					20281	
INS	URED)				-	INSURER B : Ace Property And Casualty Insurance Co				Company	y 986767	
			rgy Corporation	1		-	INSURER C :						
		730 Rt 202 Mahwah, NJ	07420			-	INSURER D :						
		Wallwall, NJ	07430			-	INSURER E :						
			CER	TIEI	~ ^ TI		INSURE	RF:					
		RAGES				ENUMBER:				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.												
INS LTF	2	TYPE OF INSU	RANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
A	X	COMMERCIAL GENER								EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE	X OCCUR			3710-86-96		03/02/2014	03/02/2015	DAMAGE TO RENTED PREMISES (Ea occurrence	\$	1,000,000	
										MED EXP (Any one person)	\$	10,000	
										PERSONAL & ADV INJUR	\$	1,000,000	
	GE		APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP A	- ·	1,000,000	
										COMBINED SINGLE LIMIT	\$	4 000 000	
	X	7				7323-82-71		03/02/2014	03/02/2015	(Ea accident) BODILY INJURY (Per perso	•	1,000,000	
 ^	^	ALL OWNED	SCHEDULED			1323-02-11		03/02/2014	03/02/2015	BODILY INJURY (Per accid	, .		
	-	AUTOS	AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
		HIRED AUTOS	AUTOS							(Per accident)	\$		
\vdash	x	UMBRELLA LIAB	X OCCUR							EACH OCCURRENCE	\$	4.000.000	
A	h	EXCESS LIAB	CLAIMS-MADE			7978-44-65		03/02/2014	03/02/2015	AGGREGATE	\$	4,000,000	
``		DED RETENTI		1							\$	-,,-,-,-	
		RKERS COMPENSATION	N							PER OT STATUTE ER	•		
A	AN	D EMPLOYERS' LIABILIT Y PROPRIETOR/PARTNE				7164-36-71		03/02/2014	03/02/2015	E.L. EACH ACCIDENT	\$	500,000	
	OFI (Ma	FICER/MEMBER EXCLUD	ED?	N/A						E.L. DISEASE - EA EMPLO	YEE \$	500,000	
	If ye DE	es, describe under SCRIPTION OF OPERATI	IONS below							E.L. DISEASE - POLICY LI	11Т \$	500,000	
В	Pro	ofessional E & O				CEOG22083119011		03/02/2014	03/02/2015	Errors and Ommisio	าร	2,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) City of Saratoga Springs is named as an Additional Insured under the General Liability													
1													

CERTIFICATE HOLDER	CANCELLATION				
City of Saratoga Springs Department of Public Works 5 Lake Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Saratoga Springs, NY 12866	AUTHORIZED REPRESENTATIVE				
	Wile A. Blile h.				
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From:	Ellissa Keith
Sent:	9 May 2014 12:56:38 -0600
То:	certs@integoinsurance.com
Cc:	jdowd@apintego.com
Subject:	Wehran Energy Corporation
Attachments:	TOB cert 2014.pdf

Good Afternoon,

I am contacting you to request an updated Certificate of Liability Insurance for 2014 - 2015. Below is our company name and the Certificate Holder info:

Company Name: Wehran Energy Corporation

Insured:

Wehran Energy Corporation

730 Route 202

Mahwah, NJ 07430

Certificate Holder:

City of Saratoga Springs

Department of Public Works

5 Lake Avenue

Saratoga Springs, NY 12866

Please Note: I have attached a similar certificate for reference; however, the attachment does not show the correct company listed for the Insured or the Certificate Holder, but it does provide the appropriate coverage and description of operations, etc.

Thank you for your time and efforts in preparing this updated certificate. Please, contact me with any questions.

Sincerely,

Ellissa M. Keith

Office Assistant

Wehran Energy Corporation

Landfill Gas Control & Energy Recovery

6 E. Main Street Ramsey NJ 07446

tel: 201 236 0500

fax: 201 236 5185