

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/29/2014

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).

		INSURER F:			
325 West Main Street (Albany) Babylon NY 11702		INSURER E : L.M. Insurance Corp. & Affiliates I			
		INSURER D :First Liberty Insurance Corp			
Greenman Pedersen, Inc.		INSURER C: Ironshore Indemnity Inc			
INSURED	GREENMAN	INSURER B :Liberty Insurance Corp			
		INSURER A :AGCS Marine Insurance Compan			
NEW HYDE PARK NY 11042		INSURER(S) AFFORDING COVERAGE	NAIC#		
3333 NEW HYDE PARK RD SUITE 409		E-MAIL ADDRESS:mbuonomo@genattgrp.com			
PG Genatt Group LLC		PHONE		No):1-516-706-2973	
PRODUCER		CONTACT NAME: KARL HUCKE			
	(-)				

COVERAGES CERTIFICATE NUMBER: 1227761663 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.

COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  Contractual Liab			TB7Z11260851013	12/31/2013	12/31/2014	EACH OCCURRENCE	\$1.000.000
CLAIMS-MADE X OCCUR							Ψ1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
Contractual Liab						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
POLICY X PRO- JECT X LOC							\$
AUTOMOBILE LIABILITY			AS6Z11260851263	12/31/2013	12/31/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
						,	\$
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$
UMBRELLA LIAB X OCCUR			TH7Z11260851023	12/31/2013	12/31/2014	EACH OCCURRENCE	\$10,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$10,000,000
DED X RETENTION \$10,000							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA5Z1D260851253	12/31/2013	12/31/2014	X WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Property Professional Liability				12/31/2013 12/31/2012		Each Claim '	\$25,000 \$5,000,000 \$10,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

\*WORKERS COMPENSATION NOT APPLICABLE IN MONOPOLISTIC STATES - OH, ND, WA, WV, WY\* FOREGOING PER POLICY FORM

RE: Geyser Road Safe Routes to School – PIN 1759.59

Additional Insured Status Encompasses General Liability, Automobile & Umbrella Coverage as required by written contract. Primary Insurance Status Encompasses General Liability, Automobile & Umbrella Coverage on a Primary and Non-Contributory Basis. Waiver of Subrogation Status Encompasses General Liability, Automobile, Umbrella and Workers Compensation Coverage as required by written contract. City of Saratoga Springs, its officers, or its employees are included as additional insured as required by written contract.

CERTIFICATE HOLDER	CANCELLATION 30 day notice applies
The City of Saratoga Springs City Hall – 474 Broadway	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	Mach de la companya della companya del companya della companya del