Client#: 8034 SENIOCIT							
ACORD. CERTIFICATE OF LIAB			II ITY INSI	DATE (MM/DD/YYYY)			
	_	_			_	3/27/2	
THIS CERTIFICATE IS ISSUED A CERTIFICATE DOES NOT AFFIR BELOW. THIS CERTIFICATE OF REPRESENTATIVE OR PRODUC IMPORTANT: If the certificate ho the terms and conditions of the certificate holder in lieu of such	MATIVELY OF NSURANCE I ER, AND THE der is an ADI policy, certain	R NEGATIVELY AMEND, EX DOES NOT CONSTITUTE A CERTIFICATE HOLDER. DITIONAL INSURED, the po policies may require an en	TEND OR ALTER T CONTRACT BETWI	HE COVERA EEN THE ISS Idorsed. If SU	GE AFFORDED BY THE SUING INSURER(S), AU JBROGATION IS WAIVE	E POLICI THORIZI ED, subj	ES ED ect to
PRODUCER		(-)-	CONTACT NAME:				
Adirondack Trust Insurance 31 Church Street - 4th Floor			PHONE (A/C, No, Ext): 518 584-5300 FAX E-MAIL ADDRESS: FAX (A/C, No): 5185847306				
PO Box 336 Services Springs NV 42866	INSURER(S) AFFORDING COVERAGE NAIC #						
Saratoga Springs, NY 12866	INSURER A : Harleysville Preferred Insuranc INSURER B : Utica National Insurance Co of				35696		
INSURED Sr Citizens Ctr of Sa					13998		
5 Williams Street	INSURER C : INSURER D :						
Saratoga Springs, N	INSURER E :						
	INSURER F :						
COVERAGES	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 SU	JBR VD POLICY NUMBER		POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A GENERAL LIABILITY		MPA0000062034S	02/01/2014	02/01/2015	EACH OCCURRENCE	\$2,000	
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	
	2				MED EXP (Any one person)	\$20,00	
					PERSONAL & ADV INJURY GENERAL AGGREGATE	\$2,000 \$4,000	
GEN'L AGGREGATE LIMIT APPLIES PEI					PRODUCTS - COMP/OP AGG	\$4,000	
X POLICY PRO- JECT LOC						\$	<i>.</i> ,
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDUL AUTOS AUTOS					BODILY INJURY (Per accident)	\$	
HIRED AUTOS NON-OWN	=D				PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCU					EACH OCCURRENCE	\$	
CLAIM	S-MADE				AGGREGATE	\$ \$	
B WORKERS COMPENSATION		4724927	03/14/2014	03/14/2015	X WC STATU- TORY LIMITS ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIV			00/11/2011	00/11/2010	E.L. EACH ACCIDENT	s100.0	000
OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE \$100,		000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,0	000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) City of Saratoga Springs is an Additional Insured under General Liaiblity on a primary, non-contributory basis as required by written contract.							
CERTIFICATE HOLDER	CANCELLATION						
City of Saratoga S Attn: Marilyn L Riv Director of Risk &	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Accounts Dept; 47 Saratoga Springs,	Eugure L. Quirk						
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