

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> Cool Insuring Agency Inc CL 784 Troy Schenectady Road Latham, NY 12110 518 783-2665	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>518 783-2665</b> FAX (A/C, No): <b>5187838754</b> E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : <b>Travelers Casualty Ins Co of Am</b> <b>19046</b> INSURER B : <b>Travelers Indemnity Company</b> <b>25658</b> INSURER C : <b>Charter Oak Fire Insurance Co</b> <b>25615</b> INSURER D : INSURER E : INSURER F :
<b>INSURED</b> FitzGerald Morris Baker Firth PC 16 Pearl Street P.O. Box 2017 Glens Falls, NY 12801	


**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>I680379M92701442</b>	<b>12/23/2014</b>	<b>12/23/2015</b>	EACH OCCURRENCE <b>\$1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$300,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) <b>\$5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY <b>\$1,000,000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GENERAL AGGREGATE <b>\$2,000,000</b>			PRODUCTS - COMP/OP AGG <b>\$2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)      \$
	<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)      \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)      \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> AUTOS				PROPERTY DAMAGE (Per accident)      \$
							\$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>		<input checked="" type="checkbox"/> OCCUR	<b>CUP380M10001342</b>	<b>12/23/2014</b>	<b>12/23/2015</b>	EACH OCCURRENCE <b>\$3,000,000</b>
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE <b>\$3,000,000</b>
	DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>						\$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>IOUB429M355714</b>	<b>12/23/2014</b>	<b>12/23/2015</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?      Y/N		<input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT <b>\$1,000,000</b>
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE <b>\$1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT <b>\$1,000,000</b>

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

**Certificate holder is an additional insured for work done by or on behalf of the named insured by contract.**

<b>CERTIFICATE HOLDER</b> City of Saratoga Springs Risk & Safety Mgt. 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 
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POLICY NUMBER: 680-379M9270-14-42

COMMERCIAL GENERAL LIABILITY  
ISSUE DATE: 11/18/2014

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name of person or organization:**

**CITY OF SARATOGA SPRINGS; RISK & SAFETY MANAGEMENT**

**474 BROADWAY  
SARATOGA**

**NY 12866**

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your acts or omissions.