



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/06/2013

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).

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

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>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			<b>1680379M92701342</b>	<b>12/23/2013</b>	<b>12/23/2014</b>	EACH OCCURRENCE    \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ <b>300,000</b> MED EXP (Any one person)    \$ <b>5,000</b> PERSONAL & ADV INJURY    \$ _____ GENERAL AGGREGATE    \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG    \$ <b>2,000,000</b> _____    \$ _____
<b>A</b>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>1680379M92701342</b>	<b>12/23/2013</b>	<b>12/23/2014</b>	COMBINED SINGLE LIMIT (Ea accident)    \$ <b>1,000,000</b> BODILY INJURY (Per person)    \$ _____ BODILY INJURY (Per accident)    \$ _____ PROPERTY DAMAGE (Per accident)    \$ _____ _____    \$ _____
<b>B</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>			<b>CUP380M10001342</b>	<b>12/23/2013</b>	<b>12/23/2014</b>	EACH OCCURRENCE    \$ <b>3,000,000</b> AGGREGATE    \$ <b>3,000,000</b> _____    \$ _____
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>IOUB429M355713</b>	<b>12/23/2013</b>	<b>12/23/2014</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT    \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE    \$ <b>1,000,000</b> 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.

CERTIFICATE HOLDER

CANCELLATION

City of Saratoga Springs Risk & Safety Mgt. 474 Broadway Saratoga Springs, NY 12866	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 

POLICY NUMBER: 680-379M9270-13-42-

COMMERCIAL GENERAL LIABILITY  
ISSUE DATE: 11/15/2013

**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.