

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/23/2014

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).

COVEDACES	CEDTIFICATE NUMBER: 4445704045	DEVICION NUM	MDED.
		INSURER F:L.M. Insurance Corp. & Affiliates	., .
325 West Main Street (Albany) Babylon NY 11702	·	INSURER E: Liberty Mutual Fire Insurance Co.	
		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 Company	/
NEW HYDE PARK NY 11042		INSURER(S) AFFORDING COVERAGE	NAIC#
SUITE 409		E-MAIL ADDRESS:mbuonomo@genattgrp.com	
PG Genatt Group LLC 3333 NEW HYDE PARK RD		PHONE (A/C, No, Ext):516-869-8788	FAX (A/C, No):1-516-706-2973
PRODUCER		CONTACT NAME: KARL HUCKE	

COVERAGES CERTIFICATE NUMBER: 1115791615 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)	LIMIT	s
D	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Contractual Liab			TB6Z11260851014	12/31/2014	12/31/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,000,000 \$300,000 \$10,000 \$1,000,000 \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000 \$
E	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS X AUTOS AUTOS NON-OWNED AUTOS			AS2Z11260851264	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$1,000,000 \$ \$ \$ \$
В	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10,000			TH7Z11260851024	12/31/2014	12/31/2015	EACH OCCURRENCE AGGREGATE	\$10,000,000 \$10,000,000 \$
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WA5Z1D260851254	12/31/2014	12/31/2015	X WC STATU- OTH- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A C	Property Professional Liability			MXI93055344 001546101		6/30/2016	Each Claim	\$150,000 \$5,000,000 \$10,000,000

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: PIN 1756.50 (BALLSTON AVE TRAFFIC IMPROVEMENT PROJECT) CITY OF SARATOGA SPRINGS IS INCLUDED AS ADDITIONAL INSURED ON A PRIMARY NON-CONTRIBUTORY BASIS WITH RESPECTS TO GENERAL LIABILITY, AUTOMOBILE AND UMBRELLA POLICIES, AS REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES WITH RESPECTS TO THE ABOVE CAPTIONED GENERAL LIABILITY, AUTOMOBILE, EMPLOYERS LIABILITY AND UMBRELLA POLICIES, AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER	CANCELLATION 30 day notice applies				
The City of Saratoga Springs 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	Authorized representative				

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PRODUCER

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PRODUCER					NAME: KARL HUCKE						
PG Genatt Group LLC 3333 NEW HYDE PARK RD				DHONE			FAX (A/C.	No):1-516	5-706-2973 ·		
SUI						E-MAIL		mo@genatto			
NEW HYDE PARK NY 11042							RDING COVERAGE		NAIC #		
					INSUR	ER A :AGCS I	Marine Insur	ance Company			
INSU	RED	•	GRE	ENM	IAN	INSUR	ER B:Liberty	Insurance C	orp		
		nan Pedersen, Inc.				INSUR	ER C: Ironsho	re Indemnity	/ Inc		
		est Main Street (Albany) n NY 11702				INSUR	ERD:First Lib	perty Insurar	nce Corp		
Dai	yıoı	11111 11702				INSUR	R E :Liberty	Mutual Fire	Insurance Co.		
L						INSUR	RF:L.M. Ins	surance Cor	o. & Affiliates I		
					E NUMBER: 1452746623				REVISION NUMBER		
N O E	IDIC ERT KCLI	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RES	SPECT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
D	GEI	NERAL LIABILITY			TB6Z11260851014		12/31/2014	12/31/2015	EACH OCCURRENCE	\$1,00	0,000
	Х	COMMERCIAL GENERAL LIABILITY		İ					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	000
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$10,0	00
	Χ	Contractual Liab							PERSONAL & ADV INJURY	\$1,00	0,000
								GENERAL AGGREGATE	\$2,00	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:								PRODUCTS - COMP/OP AG	GG \$2,00	0,000	
		POLICY X PRO- X LOC							AALANIES AMALE INIE	\$	
E	AUT	TOMOBILE LIABILITY			AS2Z11260851264		12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000
	Х	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per perso		
		AUTOS AUTOS							BODILY INJURY (Per accid	ent) \$	
	X	HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$	
										\$	
В	X	UMBRELLA LIAB X OCCUR			TH7Z11260851024		12/31/2014	12/31/2015	EACH OCCURRENCE	\$10,0	00,000
		EXCESS LIAB CLAIMS-MADE	1			İ			AGGREGATE	\$10,00	00,000
		DED X RETENTION \$10,000								\$	
F		RKERS COMPENSATION			WA5Z1D260851254		12/31/2014	12/31/2015		TH-	

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

MXI93055344

001546101

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

12/31/2014

6/30/2014

12/31/2015

6/30/2016

RE: Geyser Road Safe Routes to School – PIN 1759.59

AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

(Mandatory in NH)

Property Professional Liability

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	Authorized representative				

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E.L. EACH ACCIDENT

Valuable Papers

Each Claim

Aggregate

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

\$1,000,000

\$1,000,000

\$1,000,000

\$5,000,000 \$10,000,000

\$150,000



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PRODUCER		CONTACT NAME: KARL HUCKE		
PG Genatt Group LLC 3333 NEW HYDE PARK RD		PHONE (A/C, No, Ext):516-869-8788	FAX (A/C, No):1-516-706-2973	
SUITE 409		E-MAIL ADDRESS:mbuonomo@genattgrp.com		
NEW HYDE PARK NY 11042		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A :AGCS Marine Insurance Company		
INSURED	GREENMAN	INSURER B :Liberty Insurance Corp		
Greenman Pedersen, Inc.		INSURER C: Ironshore Indemnity Inc		
325 West Main Street (Albany) Babylon NY 11702		INSURER D :First Liberty Insurance Corp		
Daby1011147 71702		INSURER E:Liberty Mutual Fire Insurance Co.		
		INSURER F:L.M. Insurance Corp. & Affiliates I		
COVERAGES	CERTIFICATE NUMBER: 327666048	REVISION NUM	/IRFR·	

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INSR LTR		TYPE OF INSURA	NCE	ADDL INSR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs
D		COMMERCIAL GENERAL	LIABILITY			TB6Z11260851014	12/31/2014	12/31/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$300,000
	$\frac{1}{x}$	CLAIMS-MADE X	OCCUR						MED EXP (Any one person)	\$10,000
	-	Contractual Liab							PERSONAL & ADV INJURY	\$1,000,000
	╟								GENERAL AGGREGATE	\$2,000,000
1		L AGGREGATE LIMIT APP POLICY X PRO- X	,						PRODUCTS - COMP/OP AGG	\$2,000,000
E			LOC				<u> </u>		COMBINED SINGLE LIMIT	\$
-	AUIC	MOBILE LIABILITY				AS2Z11260851264	12/31/2014	12/31/2015	(Ea accident)	\$1,000,000
		ANY AUTO	est.		7.71	**			BODILY INJURY (Per person)	\$
1		AUTOS L AI	CHEDULED UTOS						BODILY INJURY (Per accident)	\$
	X		ON-OWNED UTOS						PROPERTY DAMAGE (Per accident)	\$
										\$
В	X	UMBRELLA LIAB X	OCCUR			TH7Z11260851024	12/31/2014	12/31/2015	EACH OCCURRENCE	\$10,000,000
		EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$10,000,000
		DED X RETENTION	\$10,000							\$
F		KERS COMPENSATION EMPLOYERS' LIABILITY	Y/N			WA5Z1D260851254	12/31/2014	12/31/2015	X WC STATU- OTH- TORY LIMITS ER	
1	ANY I	PROPRIETOR/PARTNER/E CER/MEMBER EXCLUDED?	XECUTIVE []	N/A	ļ				E.L. EACH ACCIDENT	\$1,000,000
1	(Mane	datory in NH)	· ———]						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DESC	describe under RIPTION OF OPERATION	S below			-			E.L. DISEASE - POLICY LIMIT	\$1,000,000
A C	Prope Profe	erty sssional Liability				MXI93055344 001546101		12/31/2015 6/30/2016	Each Claim '	\$150,000 \$5,000,000 \$10,000,000

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: Preliminary and Final Design Services-Geyser Road Trail: RFP #2013-12

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

CERTIFICATE HOLDER	CANCELLATION 30 day notice applies				
City of Saratoga Springs, New York 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	AUTHORIZED REPRESENTATIVE				

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