

CERTIFICATE OF LIABILITY INSURANCE

GIRV&FE-01

SMAZIEJKA DATE (NIM/DD/YYYY)

12/12/2014

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.

| REFRESENTATIVE OR FRODUCES, AND THE CENTIFICATE 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 | | | | | | | | | | | |
| | ertificate holder in lieu of such endor | | | | iluoisu | mone A su | | | 011101 | ignis to the | |
| PRO | DUCER | | | | CONTAC NAME: | | · · · · · · · · · · · · · · · · · · · | | | | |
| | e & Kiernan, Inc. | | | | PHONE IAIC. No | Ext): (518) 2 | 18) 244-4245 FAX, No): (518) 244-4262 | | | | |
| 99 Troy Road EMAIL East Greenbush, NY 12061 LADRE | | | | | | | HONE AC, No. Ext): (518) 244-4245 (AC, No): (518) 244-4262 (AC, No): (5 | | | | |
| | | | | | | INSURER(S) AFFORDING COVERAGE NAIC # | | | | | |
| | • | | | | INSURER A: Trumbuil Insurance Co | | | | | 27120 | |
| NSURED | | | | | | INSURER B : Hartford Casualty Ins Co | | | | | |
| Girvin & Ferlazzo, PC | | | | | | INSURER C: | | | | | |
| Joanne Sanford | | | | | | INSURER D: | | | | | |
| | 20 Corporate Woods Bivd. | | | | INSURER E: | | | | | 1 | |
| Albany, NY 12211 | | | | | | INSURER F: | | | | | |
| CO | VERAGES CEF | TIF | CATI | E NUMBER: | | | | REVISION NUMBER: | | | |
| T | IS IS TO CERTIFY THAT THE POLICE | ES O | F INS | SURANCE LISTED BELOW | HAVE B | EEN ISSUED | TO THE INSUE | RED NAMED ABOVE FOR T | HE PO | LICY PERIOD | |
| IN | DICATED. NOTWITHSTANDING ANY F | REQU | REM | ent, term or condition | N OF A | NY CONTRA | CT OR OTHER | R DOCUMENT WITH RESPE | CT TO | WHICH THIS | |
| E | ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH | POLI | CIES. | LIMITS SHOWN MAY HAVE | BEEN R | REDUCED BY | IES DESCRIB PAID CLAIMS. | ED HEREIN IS SUBJECT T | OALL | THE TERMS, | |
| NSR TR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | 7 | | POLICY EXP (MM/DD/YYYY) | LIMIT | · · · · · · · · · | | |
| Ä | X COMMERCIAL GENERAL LIABILITY | LIKSU | - | NSCINOR I OLO 1 | | 100000000111111 | Zatarion () () () | EACH OCCURRENCE | s | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | x | | 01SBAUX7939 | | 12/01/2014 | 12/01/2015 | DAMAGE TO RENTED | s | 300,000 | |
| | OCCUR. | ` | lľ | | | | | PREMISES (En occurrence) | <u> </u> | 10,000 | |
| | | | | | | | | MED EXP (Any one person) | \$ | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PERSONAL & ADV INJURY | _ | 2,000,000 | |
| | POLICY PRO- LOC | |] | | | | | GENERAL AGGREGATE | \$ | | |
| | | | İ | | | | | PRODUCTS - COMP/OP AGG | s s | 2,000,000 | |
| | OTHER: | - | _ | | | | | COMBINED SINGLE LIMIT | \$ | 4 200 200 | |
| A | | | | 01SBAUX7939 | - 1 | 12/01/2014 | 12/01/2015 | (Es accident) | · | 1,000,000 | |
| • | ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS | ļ | ĺ | U I SDAUAT 839 | į | 12/01/2014 | 12/01/2015 | BODILY INJURY (Per person) | \$ | | |
| | V NON-OWNED | | | | - 1 | | | PROPERTY DAMAGE | \$ | | |
| | A HIRED AUTOS AUTOS | | | | 1 | | | (Per accident) | \$ | | |
| | X UMBRELLA LIAB X OCCUR | - | | | | | | | \$ | | |
| | F-1 F-1 ***** | | ! | 040041177000 | | 40,004,0044 | 40.04.004.0 | EACH OCCURRENCE | \$ | 5,000,000 | |
| A | 10.000 | ł | | 01SBAUX7939 | | 12/01/2014 | 12/01/2015 | AGGREGATE | \$ | 5,000,000 | |
| | DED X RETENTION \$ 10,000 | | - | | | | | DEG L LOTU | \$ | | |
| _ | AND EMPLOYERS' LIABILITY | N/A | 01WEC | 041504 50054 | | 12/01/2014 | | PER OTH- STATUTE ER | | | |
| В | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | 01WECLT6974 | ECL169/4 | | 12/01/2015 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | DESCRIPTION OF OPERATIONS below | | <u> </u> | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | | |
| | • | | j | | | | | | | - | |
| DE0 | | | | | | | | | | | |
| hea The | cription of operations / Locations / vehic City of Saratoga Springs is additional i | nsure | id un |) 101, Additional Remarks Schedu der the general liability on | ie, may be a prima | e attached if mor irv & non-cor | o space is requir atributory has | ed) sis but solely with respect | te to th | a work | |
| erf | ormed by the Named Insured and as re | quire | d by 1 | written contact. | | , | , | | u. | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | TITIOA TE MOLDED | | | | | | | | | | |
| JE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| enuin u | | | | | | | HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | |
| | City of Saratoga Springs | | | | THE | EXPIRATION | N DATE TH | EREOF, NOTICE WILL | BE DE | LIVERED IN | |
| Director of Risk & Safety | | | | | | ORDANCE WI | TH THE POLIC | Y PROVISIONS. | | il. | |
| 474 Broadway | | | | | AHTHE | | | | | | |
| | Saratoga Springs, NY 12866-2292 | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | | 1 x 1. / 3 - 1 | | | | | |
| | | | | | <u> </u> | | | | | | |

Client#: 6001

GIRFEA0

ACORD.

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/10/2014

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).

CONTACT

| Parsons & Associates, Inc. | | | | | PHONE (A/C, No, Ext): 315 472-5420 FAX (A/C, No): 3154723222 | | | | |
|----------------------------|---|-----------------------|----------------------|--|---|--|--|-------------------------------|--|
| | vyers Professional Liability | | | E- Ai | MAIL DDRESS: | | | | |
| PO Box 3890 | | | | | | NAIC # | | | |
| Syı | acuse, NY 13220-3890 | | | IN | INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Co (BP) | | | | |
| INSU | RED | | | IN | SURER B : | | | | |
| | Girvin & Ferlazzo PC | | | IN | INSURER C: | | | | |
| | 20 Corporate Woods Blvd | | | IN | INSURER D: | | | | |
| | Albany, NY 12211 | | | IN | INSURER E: | | | | |
| | | | | IN | INSURER F: | | | | |
| CO | VERAGES CERT | IFIC | ATE | NUMBER: | | | REVISION NUMBER: | | |
| (I) | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PROCLUSIONS AND CONDITIONS OF SUCH | QUIRE ERTA POLI | MEN IN, T CIES | T, TERM OR CONDITION OF A THE INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE | ANY CONTRACT OF BY THE POLICIES BEEN REDUCED F | R OTHER DOO DESCRIBED I BY PAID CLAI | CUMENT WITH RESPECT TO HEREIN IS SUBJECT TO ALL | WHICH THIS | |
| NSR LTR | TYPE OF INSURANCE | ADDL NSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| | CLAIMS-MADE OCCUR | | ' | | | | MED EXP (Any one person) \$ | | |
| | - COMMONINOS - COUNT | | | , | | | PERSONAL & ADV INJURY S | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$ | | |
| | POLICY PRO- JECT LOC | | | | | | COMBINED SINGLE LIMIT | | |
| | AUTOMOBILE LIABILITY | | | | | | (Ea accident) \$ | | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) S | | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ | | |
| | | | | | | | s | | |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | 1 | | AGGREGATE S | | |
| | DED RETENTION'S | | | | | | s | | |
| | WORKERS COMPENSATION | | | | | | WC STATU- TORY LIMITS ER | | |
| | | | | | | | E.L. EACH ACCIDENT \$ | | |
| | | N/A | | · | | | | | |
| | (Mandatory In NH) If yes, describe under | | Ì | | | | E.L. DISEASE - EA EMPLOYEE \$ | | |
| _ | DÉSCRIPTION OF OPERATIONS below | | | 500505050 | 12/01/2014 | 40/04/0045 | S4.000.000 PER CLAIR | | |
| Α | Lawyers Prof | | | 596525056 | 12/01/2014 | 12/01/2015 | · · | | |
| | | | | | | | \$4,000,000 AGGREGA | | |
| | | | | | | | \$25,000/DED PER CL | AIM | |
| | cription of operations / Locations / Vehic wyers Professional Liability | .ceo (| Allacii | ACCIDITATI, Accilional relinates Sc | medalo, il more spece | Si toquito, | | | |
| | • | | | | | | | | |
| CE | RTIFICATE HOLDER | | | | ANCELLATION | | | | |
| | City of Saratoga Springs Director of Risk & Safety | | | | THE EXPIRATION | N DATE THE | ESCRIBED POLICIES BE CAN EREOF, NOTICE WILL BE OLICY PROVISIONS. | CELLED BEFORE DELIVERED IN | |

@ 1988-2010 ACORD CORPORATION. All rights reserved.

474 Broadway

Saratoga Springs, NY 12866-2292

AUTHORIZED REPRESENTATIVE