					Client	#. 67	7607				BETT	V1		
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ACORD. CERTIFICATE OF LIAB							C P						4/01/	2015
C B	ERT ELO	IFICATE W. THIS	DOE CER	S NOT	AFFIRMATIV		or n e do	INFORMATION ONLY AI IEGATIVELY AMEND, EX ES NOT CONSTITUTE A ERTIFICATE HOLDER.	TEND	OR ALTER T	HE COVERA	GE AFFORDED BY THE	E POLIC	IES
th	e te	rms and	l cond	litions		certa	ain po	IONAL INSURED, the pol plicies may require an en						
	DUCE			nou o			(0)		CONTA NAME:	CT Christe	n Petraitis			
		Stern C xingtor			EC RISK				PHONE (A/C, N	o, Ext): 212 33	38-4322		212 5	73-8830
		700		nuo					ADDRE	ss: cpetrait	is@dewitts			
Nev	v Yo	ork, NY	101	70					INSURE	ER A : Travele		FORDING COVERAGE / & Surety Co		NAIC #
INSU	RED	Bot	tv Kri	ulik Ei	ine Art, Ltd.				INSURE	ER B :				ļ
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IN Cl	DICA ERTII	TED. NO	OTWIT MAY B	HSTAN E ISSU	DING ANY RE IED OR MAY F	QUIRI PERTA	EMEN JN, T	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	FANY DBYT	CONTRACT O HE POLICIES N REDUCED	R OTHER DOO DESCRIBED H BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO	то wh	IICH THIS
INSR LTR		Т	YPE OF	INSURA	NCE	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
	GEN	IERAL LIA	BILITY									EACH OCCURRENCE	\$	
		COMMER	RCIAL G	ENERAL	LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		CLA	IMS-MA	DE	OCCUR							MED EXP (Any one person)	\$	
												PERSONAL & ADV INJURY	\$	
												GENERAL AGGREGATE	\$	
	GEN	I'L AGGRE POLICY		IMIT APF RO- ECT	LIES PER:							PRODUCTS - COMP/OP AGG	\$ \$	
	AUT	OMOBILE	LIABIL									COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUT			SCHEDULED							BODILY INJURY (Per person)	\$ ) \$	
		AUTOS HIRED AL		A	AUTOS NON-OWNED AUTOS							BODILY INJURY (Per accident PROPERTY DAMAGE (Per accident)	) \$ \$	
													\$	
		UMBREL	LA LIAE	3	OCCUR							EACH OCCURRENCE	\$	
		EXCESS	LIAB		CLAIMS-MADE	-						AGGREGATE	\$	
	AND	DED RKERS CO EMPLOYE	MPENS ERS' LIA	ABILITY	V / N							WC STATU- OTH TORY LIMITS ER	\$	
					EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
		ndatory in s, describe										E.L. DISEASE - EA EMPLOYE		
Α		<u>CRIPTION</u>			NS below			105656001		07/26/2014	07/26/2015	E.L. DISEASE - POLICY LIMIT \$1,000,000 per Clai \$2,000,000 Aggrega	m /	
DES	דפוקי		DEDATI				Attach	ACORD 101, Additional Remarks	Schodul	e if more creace	is required)			
		ce of Ir							Concut		io required,			
CERTIFICATE HOLDER						CANCELLATION								
		Ci	ity of	Sarat	oga Springs									

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знои	LD ANY O	F THE	ABOV	E DESCRI	BED POLICI	ES BE	CAN	CELLED BEF	ORE
THE	EXPIRATI	ION D	ATE	THEREOF	, NOTICE	WILL	BE	DELIVERED	IN
ACCC	RDANCE	WITH	THE	POLICY	PROVISION	IS.			

AUTHORIZED REPRESENTATIVE

474 Broadway Saratoga Springs, NY 12866

**Risk and Safety Management** 

Office of Accounts

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