/	CERT	FIF	IFICATE OF LIABILITY INSURANCE					NCE	DATE (MM/DD/YYYY) 6/9/2015		
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  PC Const Croup II C  PANE  EAX											
33	3333 NEW HYDE PARK RD					[AVC: No. Ext):516-869-8788 E-MAIL AddRess:mbuonomo@genattgrp.com					
	SUITE 409 NEW HYDE PARK NY 11042				INSURER(S) AFFORDING COVERAGE NAIC #						
		INSURER A :AGCS Marine Insurance Company									
IN	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						
				-	INSURER E :Liberty Mutual Fire Insurance Co.						
L		INSURER F : L.M. Insurance Corp. & Affiliates I									
				E NUMBER: 1995604095				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.											
INS LT	R TYPE OF INSURANCE		SUBR WVD		POLIC (MM/DD	Y EFF /YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	ITS		
D	GENERAL LIABILITY			TB6Z11260851014	12/31/20	12/31/2014	12/31/2015	EACH OCCURRENCE	\$1,000	000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,0	00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$10,000		
	X Contractual Liab							PERSONAL & ADV INJURY	\$1,000,000		
								GENERAL AGGREGATE	\$2,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000 \$	,000	
E				AS2Z11260851264	12/31/20	014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	000	
	X ANY AUTO							BODILY INJURY (Per person)	- + / /		
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident	t) \$		
	X HIRED AUTOS X NON-OWNED AUTOS							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		
F	DED         X         RETENTION \$10,000           WORKERS COMPENSATION			WA5Z1D260851254	12/31/2014	12/31/2015	X WC STATU- TORY LIMITS ER	\$  -			
ľ	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							TORY LIMITS         ER           E.L. EACH ACCIDENT         \$1,000,000		000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYE			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$1,000,000		000	
A C	Property Professional Liability			MXI93055344 001546101	12/31/20 6/30/201		12/31/2015 6/30/2016	Valuable Papers Each Claim Aggregate	\$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: On-Call Plan Review and Engineering Services, City of Saratoga Springs, NY 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, I 474 Broadway Saratoga Springs NY 1286	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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