



CERTIFICATE OF LIABILITY INSURANCE

NEOPL-1 OP ID: NBAR

DATE (MM/DD/YYYY)
09/17/2015

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| PRODUCER JJ Farber-Lottman 200 State Route 5 Palisades Park, NJ 07650 Scott L. Swan | | Phone: 201-947-1600 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |
| INSURED Neoplanta Restoration, Inc. P.O. Box 1009 Ballston Lake, NY 12019 | | INSURERS AFFORDING COVERAGE | NAIC # |
| | | INSURER A: Starr Indemnity & Liability Co | |
| | | INSURER B: Allstate Insurance Company | |
| | | INSURER C: Federal Insurance Company | |
| | | INSURER D: ShelterPoint Life Insurance Co | |
| | | INSURER E: | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------|-------------|--|---------------------------------|------------------------------------|-------------------------------------|--|--------------|
| A | | GENERAL LIABILITY | SISIEIL70070815 | 01/09/2015 | 01/09/2016 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10,000 |
| | | <input checked="" type="checkbox"/> Asbestos poll. | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | |
| B | | AUTOMOBILE LIABILITY | 048858141 | 02/05/2015 | 02/05/2016 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (PER PERSON) | \$ |
| | | <input checked="" type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (PER ACCIDENT) | \$ |
| | | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE (PER ACCIDENT) | \$ |
| | | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AUTO ONLY: AGG | \$ |
| A | | EXCESS / UMBRELLA LIABILITY | SISIXNV71029315 | 01/09/2015 | 01/09/2016 | EACH OCCURRENCE | \$ 5,000,000 |
| | | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 5,000,000 |
| | | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| C | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 004 4727071 NY COVERAGE ONLY | 01/09/2015 | 01/09/2016 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | OTHER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | | |
| | | <input type="checkbox"/> Y / N <input type="checkbox"/> | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| D | | OTHER | | | | Limits | Statutory |
| | | Disability | DBL286118 | 11/19/2014 | 11/18/2015 | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: See Attachment:

CERTIFICATE HOLDER

CANCELLATION

| | |
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| City of Saratoga Springs 474 Broadway Saratoga Springs, NY 12866 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOTEPAD:

HOLDER CODE

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INSURED'S NAME Neoplanta Restoration, Inc.

OP ID: NBAR

Date 09/17/2015

Additional Insured: The City of Saratoga Springs, NY; its elected and/or appointed officials, officers, agents and employees are named as Additional Insured on a Primary Non-Contributory basis/Waiver of Subrogation applies with respect to the work and operations of Neoplanta Restoration, Inc. only, on their behalf as per their written contract requiring the same. Subject to policy conditions and exclusions.