



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2015

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 REVENS-GATES INSURANCE INC 1130 Ten Rod Rd Ste E-201  North Kingstown RI 02852-4158	CONTACT NAME: Eva Tolani, CIC PHONE (A/C No. Ext): (401) 294-9537 FAX (A/C No.): (401) 294-2493 E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE INSURER A: Phoenix Insurance Company 25623 INSURER B: Charter Oak Fire Insurance 25615 INSURER C: Travelers Property Casualty 25674 INSURER D: Underwriters at Lloyds 15792 INSURER E: INSURER F:
INSURED CAROUSEL INDUSTRIES OF NORTH AMERICA INC. 659 South County Trail  Exeter, RI 02822	

COVERAGES CERTIFICATE NUMBER: 2014-2015 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)	LIMITS
A	GENERAL LIABILITY	X	X	630 6C563064	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual/Compl. Operat						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> Primary/NonContrib -						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			.Form #CGD4250708			PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
B	AUTOMOBILE LIABILITY	X	X	810 1B698982	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Primary						Uninsured motorist property \$
C	UMBRELLA LIAB	X	X	CUP 6C563064	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 13,000,000
	EXCESS LIAB			FOLLOWING FORM			AGGREGATE \$ 13,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	HJ-UB-1506X42-6-14	12/31/2014	12/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	Excludes State of Arkansas			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Ohio, N. Dakota, Washington			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
				West Virginia, Wyoming			E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Tech E&O (Claims Made)			ESB00040945	12/31/2014	12/31/2015	\$5,000,000 per Claim \$25,000 Ded.
	Retro Date 5/24/02			INCLUDES CYBER LIABILITY			10,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
TRAVELERS INS. Employee Theft of Client Property 5/5/14-12/31/15 \$2,500,000. "Installation Premises or Temporary Storage Premises: \$1,500,000". Technology Xtended End. CG D4 170112 Attached-(Waiver of Subrogation-Primary). Additional Insured subject to policy conditions, forms and exclusions per attached form CG D2 4708 05.

## CERTIFICATE HOLDER

Saratoga Springs  
474 Broadway  
Saratoga Springs, NY 12866

## CANCELLATION

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

Peter Gates CPCU/EVA