



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2021

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 have ADDITIONAL INSURED provisions or 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  
Harding Brooks Insurance Agency  
441 Commerce Road  
Vestal NY 13850

CONTACT  
NAME Pam DeMarco  
PHONE (A/C, No. Ext.) 607-729-9292 FAX (A/C, No.) 607-798-6693  
E-MAIL pdemarco@hardingbrooks.com  
ADDRESS

INSURED  
Burton F. Clark Inc.  
DBA Clark Companies  
PO Box 427  
Delhi NY 13753

License# PC-1123577  
BURTECL-01

INSURER(S) AFFORDING COVERAGE  
INSURER A Phoenix Insurance Company 25623  
INSURER B Travelers Indemnity Company 25658  
INSURER C Merchants Mutual Ins Co 23329  
INSURER D Westchester Fire Insurance Co 10030  
INSURER E Travelers Prop Casualty Ins Co 36161  
INSURER F

## COVERAGES

CERTIFICATE NUMBER: 597785487

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	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER	Y Y	CO1820B92A	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	8102N27508A	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y Y	CUP0003298	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	UB 7K527240	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - FA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	Excess Umbrella Barkers Risk Limited Pollution	Y Y	N10790451 001 660 QT85820349 CO1820B92A	7/1/2021 7/1/2021 7/1/2021	7/1/2022 7/1/2022 7/1/2022	Occurrence/Aggregate 5,000,000 Job Site \$1,000,000 Job Site \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Rhode Island CRLB is an additional insured only when required by written contract or agreement as per attached policy forms. Waiver of Subrogation provided only when required by written contract or agreement as per attached policy forms.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 JUL -7 P 4:20

## CERTIFICATE HOLDER

Rhode Island CRLB  
560 Jefferson Boulevard  
Warwick RI 02886

## 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

Thomas A. Harding



# NEW YORK CONSTRUCTION CERTIFICATE OF LIABILITY INSURANCE ADDENDUM

DATE (MM/DD/YYYY)

7/7/2021

THIS ADDENDUM SUMMARIZES SOME OF THE POLICY PROVISIONS IN THE REFERENCED INSURANCE POLICIES AND IS ISSUED AS A MATTER OF INFORMATION ONLY; IT CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. ALL TERMS, EXCLUSIONS AND CONDITIONS IN THE ACTUAL POLICY SHOULD BE CONSULTED FOR A MORE DETAILED ANALYSIS OF COVERAGE, AS THIS ADDENDUM DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES.

AGENCY Harding Brooks Insurance Agency		NAMED INSURED(S) Burton F. Clark Inc.	
POLICY NUMBER CO1820B92A	EFFECTIVE DATE 7/1/2021	CARRIER Phoenix Insurance Company	NAIC CODE 25623

## ADDENDUM INFORMATION

CERTIFICATE NUMBER: 597785487

REVISION NUMBER:

### A. Insurer

- ☒ Admitted / authorized  
☐ Excess line or free trade zone

### B. General Liability (GL) policy form

- ☒ ISO / ISO modified  
☐ Other

### C. Specific operations excluded or restricted (GL policy)

- ☐ Location \_\_\_\_\_  
☐ Type of construction \_\_\_\_\_  
☐ Building height \_\_\_\_\_  
☐ Classifications [see attached declarations / endorsement]  
☐ Designated work [see attached endorsement]

### D. Additional insured endorsement (GL policy)

- ☐ CG 20 10 ☐ CG 20 26 ☐ CG 20 32 ☐ CG 20 33 ☐ CG 20 37 ☐ CG 20 38  
☒ Other # CG D2 46 Title Blanket Additional Insured (Contractors) NY

### E. According to the terms of this GL policy, the additional insured has primary and noncontributory coverage

- ☒ Yes ☐ No and ☐ no other option is available with this insurer

### F. Additional insured will receive advance notice if insurer cancels (GL policy)

- ☒ Yes ☐ No and ☐ no other option is available with this insurer

### G. Blanket contractual liability located in the "insured contract" definition (Section V, Number 9, Item f. in the ISO CGL policy) is removed or restricted

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

### H. "Insured contract" exception to the employers liability exclusion is removed or modified (GL policy)

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

### I. GL policy (including endorsements) does not cover the additional insured for claims involving injury to employees of the named insured or subcontractors (not workers' compensation)

- ☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

ADDENDUM INFORMATION (continued)

AGENCY CUSTOMER ID: BURTFL-01

J. Earth movement, excavation or explosion / collapse / underground property damage is excluded or restricted (GL policy)

☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

K. Insured vs. insured suits (cross liability in the ISO CGL policy) are excluded or restricted (other than named insured vs. named insured)

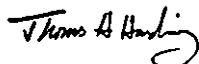
☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

L. Property damage to work performed by subcontractors (exception to the "damage to your work" exclusion in the ISO CGL policy) is excluded or restricted

☐ Yes and ☐ no other option is available with this insurer ☒ No changes made

M. Excess / umbrella policy is primary and non-contributory for additional insureds

☐ Yes, by specific policy provision ☒ Yes, by endorsement ☐ No and ☐ no other option is available with this insurer



AUTHORIZED REPRESENTATIVE SIGNATURE

7/7/2021

DATE (MM/DD/YYYY)

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**

Page \_\_\_\_ of \_\_\_\_

<b>AGENCY</b> Harding Brooks Associates LLC		<b>NAMED INSURED</b>  Burton F. Clark, Inc.
<b>POLICY NUMBER</b> Refer to Acord 25		
<b>CARRIER</b> Refer to Acord 25	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b> 07/01/2021 - 07/01/2022

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.****FORM NUMBER:** \_\_\_\_\_ **FORM TITLE:** : Notes

Form #Acord 855 - NY Construction Certificate of Liability Insurance Addendum  
Form #CA T4 74 - Blanket Add'l Insured Primary & Non-Contributory with Other Insurance  
Form #CA T9 60 - NY Business Auto Extension  
Form #IL T4 05 - Designated Entity - Notice of Cancellation Provided by Us  
Form #CG D2 46 - Blanket Additional Insured (Contractors)  
Form #CG D3 16 - Contractors Xtend Endorsement  
Form #IL T4 05 - Designated Entity - Notice of Cancellation Provided by Us  
Form #CG F7 60 - Total Aggregate Limit Other Than Projects and Designated Projects and Locations Aggregate Limit New York  
Form # WC 00 03 13 - Waiver of Our Right to Recover From Others Endorsement