



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/1/2022

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).

<b>PRODUCER</b> Harding Brooks Insurance Agency 441 Commerce Road Vestal NY 13850		<b>CONTACT NAME:</b> Pam DeMarco <b>PHONE (A/C, No., Ext):</b> 607-729-9292 <b>E-MAIL:</b> pdemarco@hardingbrooks.com <b>ADDRESS:</b> _____ <b>FAX (A/C, No):</b> 607-798-6693	
<b>INSURED</b> Burton F. Clark Inc. DBA Clark Companies PO Box 427 Delhi NY 13753		<b>INSURER(S) AFFORDING COVERAGE</b>	
License# PC-1123577 BJRTFC1-31		<b>INSURER A:</b> Phoenix Insurance Company	<b>NAIC #</b> 25623
		<b>INSURER B:</b> Travelers Indemnity Company	<b>NAIC #</b> 25658
		<b>INSURER C:</b> Westchester Fire Insurance Co.	<b>NAIC #</b> 10030
		<b>INSURER D:</b> Travelers Prop Casualty Ins Co	<b>NAIC #</b> 36161
		<b>INSURER E:</b> Charter Oak Fire Insurance Co	<b>NAIC #</b> 25615
		<b>INSURER F:</b> _____	<b>NAIC #</b> _____

**COVERAGES**      **CERTIFICATE NUMBER:** 1447399003      **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 SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER _____	Y Y	CO1820B92A	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 OTHER \$ _____
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	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000	Y Y	CUP6T482346	7/1/2022	7/1/2023	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 N/A	UB 7K527240	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMP/OYFE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Umbrella	Y Y	N10790451	7/1/2022	7/1/2023	Occurrence/Aggregate 5,000,000
D	Budders Risk		660 QT8B820349	7/1/2022	7/1/2023	Job Site \$1,000,000
L	Pollution		CO1820B92A	7/1/2022	7/1/2023	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.

2022 JUL - 1 PM 1:57  
RHODE ISLAND CRLB  
BUS SVCS

<b>CERTIFICATE HOLDER</b>  Rhode Island CRLB 560 Jefferson Boulevard Warwick RI 02886	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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