



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2024

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**  
Alliant Insurance Services, Inc.  
222 Bloomingdale Rd Ste 402  
White Plains NY 10605

CONTACT NAME: Kelly Vasto

PHONE (A/C, No, Ext): 518-708-9885

FAX (A/C, No):

E-MAIL: Kelly.vasto@alliant.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Zurich American Insurance Comp

16535

INSURER B: Acceptance Indemnity Insurance

20010

INSURER C: RSUI Indemnity Company

22314

INSURER D:

INSURER E:

INSURER F:

**INSURED**  
William B. Meyer, Inc.  
255 Long Beach Blvd.  
Stratford CT 06615

License# 0C36861

WLLBVE 02

**COVERAGES**

CERTIFICATE NUMBER: 392833480

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPL'ES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER		GLO 0187812-08	7/1/2024	7/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MLD LXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ 10,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 OTHER \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$2500 <input checked="" type="checkbox"/> Col \$500		BAP 0187813-08	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BOD'LY INJURY (Per person) \$ BOD'LY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Col Dec \$ 250/500
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EMM0000284 04	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 OTHER \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		WC 0187811-08	7/1/2024	7/1/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Excess Liability		NHA601352	7/1/2024	7/1/2025	Each Occurrence 3,000,000 Aggregate 3,000,000

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

Certificate holder is listed as Additional Insured on a primary and non-contributory basis in regard to the above General Liability, Automobile Liability and Workers Compensation to the extent covered by endorsement form(s) U-GL-2162-A CW (02/19), U-CA-424-H Edition date 10/21 U-GL-1345-C CW Edition date 03/20, WC000313 Edition date 04/84, CG 20 10 Edition date 12/19, CG 20 37 Edition date 04/13.

See ACORD 101 form attached. RE: Move of NA - Address: NA - Move Dates: 7/1/2020 - 7/1/2021 Additional Insured: State of Rhode Island

**CERTIFICATE HOLDER**

State of Rhode Island  
148 West River St., Suite 1  
Providence RI 02904

**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

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