

LVERSELLI



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/14/2022

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.

DDO:	DUCER				CONTACT Karen I	Disipio			
								400 0400	
38 E	uredPartners New England, Inc.			PHONE (A/C, No, Ext): (860) 426-6160 FAX (A/C, No): (860) 426-61 E-MAIL ADDRESS: Karen.Disipio@AssuredPartners.com					
Sou	th Burlington, VT 05403								NAIO #
							RDING COVERAGE		11150
INCLIDED					INSURER A : Arch Insurance Co. INSURER B : Merchants National Ins. Co.				12775
Solar Communities Inc. 442 US Route 2					INSURER B : INIET CTT	ants Nation	ai iii5. CO.		12113
					INSURER D :				
	Waterbury, VT 05676				INSURER E :				
					INSURER F:				
CO	VERAGES CER	TIEIC	· A TE	NUMBER:	REVISION NUMBER:				
TH IN CE E)	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH I	S OF EQUIF PERT POLIC	REME FAIN, CIES.	SURANCE LISTED BELOW I ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLK BEEN REDUCED BY	ACT OR OTHER CIES DESCRIE / PAID CLAIMS	RED NAMED ABOVE FOR R DOCUMENT WITH RESF BED HEREIN IS SUBJECT	ECT TO	O WHICH THIS
INSR LTR		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY)	LIM	TS	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ZAGLB9248800	11/1/2021	10/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	X ANY AUTO		Z	ZACAT9278500	11/1/2021	10/1/2022	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
_								\$	F 000 000
В	UMBRELLA LIAB X OCCUR			EXL0002944	11/1/2021	10/1/2022	EACH OCCURRENCE	\$	5,000,000 5,000,000
	X EXCESS LIAB CLAIMS-MADE	-		EXLU002944		10/1/2022	AGGREGATE	\$	5,000,000
	DED RETENTION \$						▼ PER OTH-	\$	
^	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			ZAWCI9968500	11/1/2021	10/1/2022	X PER OTH- STATUTE ER	+	1,000,000
				ZATTO13300300	11,1,2021		E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under						E.L. DISEASE - EA EMPLOYE		1,000,000
	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A	CORD	101 Additional Remarks Schedu	le may be attached if me	nre snace is requi	red)		
DEGG	SKII HON OF OF EKAHONO / EGGAHONO / VEHICE	(^	OOKE	7 To 1, Additional Nemarks Schedu	ie, may be attached if m	ore space is requi	ieu)		
CERTIFICATE HOLDER					CANCELLATION				
_									
Town of Philipstown 238 Main St.					SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE (CANCE	LLED BEFORE

ACORD 25 (2016/03)

Cold Spring, NY 10516

AUTHORIZED REPRESENTATIVE

Mike Ross