

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2020

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									CONTACT NAME: Insurance Contact Name					
Producing Company								PHONE (A/C, No, Ext): Insurance Phone # FAX (A/C, No): Fax #						
Example Avenue New York, NY 10441									E-MAIL ADDRESS: Insurance Contact Email Address					
									INSURER(S) AFFORDING COVERAGE					
									INSURER A : Insurer Name				NAIC # 55555	
INSURED								INSURER B:				00000		
								INSURER C:						
Insured Company's Name Example Lane														
New York, NY 12002								INSURER D :						
									INSURER E:					
COVERAGES CERTIFICATE NUMBER:									REVISION NUMBER:					
T IN C	HIS II IDIC <i>I</i> ERTI XCLU	S TO CERTIFY ATED. NOTWIT FICATE MAY B	HST.	T THE POLICIES ANDING ANY RE SUED OR MAY	OF I	NSUR REMEN AIN, TO CIES.	RANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE F NT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT T THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO AL LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						WHICH THIS	
INSR LTR	INSR TYPE OF INSURANCE					SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	X	COMMERCIAL GENERAL LIABILITY							,	,		\$	1,000,000	
Α		CLAIMS-MADE X OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence) \$	\$	50000	
										,	\$	5000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						BEN-12345		07/10/2020	07/10/2021	PERSONAL & ADV INJURY	\$	1,000,000	
											GENERAL AGGREGATE	\$	1,000,000	
	POLICY PRO-										\$	1,000,000		
	OTHER:										\$			
В	ANY AUTO ALL OWNED AUTOS  HIRED AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS  AUTOS					EEDM-123456789				COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
											\$			
								07/10/2020	07/10/2021	BODILY INJURY (Per accident)	\$			
										PROPERTY DAMAGE (Per accident)	\$			
											\$			
С		UMBRELLA LIAB		X OCCUR							EACH OCCURRENCE	\$	4,000,000	
	X						EXA-54321789		06/10/2020	06/10/2020		\$		
	DED RETENTION \$											\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						TRF56849		06/10/2020	06/10/2021	PER OTH- STATUTE ER	•		
					N/A						E.L. EACH ACCIDENT	\$	5,000,000	
											E.L. DISEASE - EA EMPLOYEE		5,000,000	
												\$	5,000,000	
											2.2. 2.02. 02	<u> </u>		
DES	CRIPT	ION OF OPERATIO	NS / L	LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may b	e attached if mo	e space is requir	red)			
Cer	tificat	e Holder is listed	d as	additional insured	l as re	espect	t to general liability as require	ed by w	ritten contract.					
CE	RTIF	ICATE HOLD	ER					CANCELLATION						
CECONY Inc. 4 Irving Pl. New York, NY 10003									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						
								Example Signature						
								Example Jighature						