

<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YYYY)
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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>	<b>Contact Name:</b>	
	<b>Phone (A/C, No, Ext):</b>	<b>Fax (A/C, No):</b>
	<b>E-Mail Address:</b>	
	<b>Insurer(s) Affording Coverage</b>	
<b>Insured</b>	<b>Insurer A:</b>	<b>NAIC #</b>
	<b>Insurer B:</b>	
	<b>Insurer C:</b>	
	<b>Insurer D:</b>	
	<b>Insurer E:</b>	
	<b>Insurer F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME 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 INSD	SUBR WVD	POLICY NUMBER	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	LIMITS
	<b>Commercial General Liability</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	☑					EACH OCCURENCE <b>\$1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ Personal & ADV Injury <b>\$1,000,000</b> General Aggregate <b>\$2,000,000</b> Products - COMP/OP AGG \$
	<b>AUTOMOTIVE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED ONLY						Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> Claims Made <input type="checkbox"/> DED <input type="checkbox"/> Retention \$						Each Occurrence Aggregate \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Any Proprietor/Partner/Executive Officer/Member Excluded? <input type="checkbox"/> Y / N (Mandatory in NH) If Yes, describe under Description of Operations below						___ Per Statute / ___ Other E.L. Each Accident \$ E.L. Disease -EA Employee \$ E.L. Disease - Policy Limit \$
	Leased / Rented						\$

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

**\*\*\*\*\*County of Saratoga is to be named as additional insured\*\*\*\*\***

<b>CERTIFICATE HOLDER</b>  **** County of Saratoga 40 McMaster Street Ballston Spa, NY 12020	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
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\*\*\*\*HIGHLIGHTED AREAS MUST BE COMPLETED PER EXAMPLES\*\*\*\*