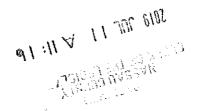
A-44-19 Additional Backup

Additional Information A-44-19 Updated Insurance



CERTIFICATE OF LIABILITY INSURANCE

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		CONTACT NAME:			•
Aon Risk Services Northeast Providence RI Office	Floor	PHONE (A/C, No. Ext):	(866) 283-7122	FAX (A/C, No.): (800) 363-01	05
100 Westminster Street, 10th Providence RI 02903-2393 USA		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE			NAIC#
NSURED		INSURER A:	RERA: National Union Fire Ins Co of Pittsburgh		
Intergraph Corporation 305 Intergraph Way Madison AL 35758 USA		INSURERB: Travelers Property Cas Co of America			25674
		INSURER C:	The Travelers Ind	emnity Co of America	25666
		INSURER D:	The Phoenix Insur	ance Company	25623
		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER: 5700773597	'28	REVI	SION NUMBER:	

THIS IS TO CERTIFY THAT T	HE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN IS	SSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER	RIOD
INDICATED, NOTWITHSTAND	DING ANY REQUIREMENT, TERM OR CONDITION OF ANY CO	ONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH:	THIS
CERTIFICATE MAY BE ISSUE	ED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE	E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER	₹MS.
EXCLUSIONS AND CONDITION	ONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN RE	FDUCED BY PAID CLAIMS	

	CEGGIONG AND CONDITIONS OF SUCH			POLICY EFF	POLICY EXP	Limits sn	own are as requested
NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	I (MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		GL5096990	06/01/2019	06/01/2020	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000 \$100,000
						PREMISES (Ea occurrence) MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC OTHER:					PRODUCTS - COMP/OP AGG	Included
В	AUTOMOBILE LIABILITY		HJCAP-162D6025-19	06/30/2019	06/30/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO SCHEDULED					BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
Α	X UMBRELLA LIAB X OCCUR		12318966	06/01/2019	06/01/2020	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,000,000
	DED X RETENTION \$25,000					PRODUCTS - COMP/OP AGG	\$4,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		UB3N0648381913R AZ,FL,MA,MN,OR,VA,WV,WI	06/30/2019	06/30/2020	X PER OTH-	
D	 I ANY PROPRIETOR / PARTNER / EXECUTIVE 		UBON2692731913K	06/30/2019	19 06/30/2020	E.L. EACH ACCIDENT	\$1,000,000
(Mandatory In NH)		N N/A UBON2692731913K AOS			E.L. DISEASE-EA EMPLOYEE	\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			j		E.L. DISEASE-POLICY LIMIT	\$1,000,000
Α	E&O-PL-Primary		15808687 Claims Made			Ea Claim/Agg	\$5,000,000
			SIR applies per policy te	rms & condit	rions .		ı

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NASSAU COUNTY IS ADDITIONAL INSURED UNDER GENERAL LIABILITY COVERAGE AS REQUIRED BY WRITTEN CONTRACT.

CER	ΠFIC	ATE	HOL	.DER

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,

NASSAU COUNTY POLICE DEPARTMENT ATTN: EDMUND HORACE, DEPUTY INSPECTOR COMMUNICATIONS BUREAU 1490 FRANKLIN AVE MINEOLA NY 11501 USA AUTHORIZED REPRESENTATIVE

Son Rish Services Northeast, Inc.