DATE	(MM/D	D/YYYY)
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## **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 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 liqu of such endorsement(s)

	tificate holder in lieu of such endors									
PROD	JCER				CONTA					
				ÄHONE         FAX           (M/C, No. Ext):         (A/C, No):						
					E-MAIL ADDRE	SS:				
				INSURER(S) AFFORDING COVERAGE NAI				NAIC #		
INCLIDED				INSURER A:						
INSURED			INSURER B:							
					INSURE					
					INSURER D:					
					INSURER E :					
COVERAGES CERTIFICATE NUMBER:					INSURER F :					
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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
	X COMMERCIAL GENERAL LIABILITY	X						EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
-								PERSONAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							GENERAL AGGREGATE \$		
								PRODUCTS - COMP/OP AGG \$		
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT &		
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED				<b>a</b> I			BODILY INJURY (Per accident) \$		
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
	AUTOS							(Fer accident)		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
l (	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$				
DESCI	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	ie, may b	e attached if moi	re space is requir	ea)		
NYSERDA and the State of New York are named as additional insureds with respect to work being performed on behalf of the insured regarding installing a pellet stove under the Renewable Heat NY Pellet Stove Rebate Program.										
•										
CERTIFICATE HOLDER			CANCELLATION							
NYSERDA and the State of New York 17 Columbia Circle Albany, New York 12203-6399			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
ı	l l					AUTHORIZED REPRESENTATIVE				

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