ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/28/2015

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:				
AGENT NAME AND ADDRESS				PHONE FAX (A/C, No, Ext): (A/C, No):				
				E-MAIL ADDRESS:				
				INSURER(S) AFFORDING COVERAGE NAIC #				
YOUR NAME HERE				INSURER B :			4	
				INSURER C : 1				1
				INSURER D :				
				INSURER E :				
00			INSURER F :					
			ENUMBER:			REVISION NUMBER:	POLICY	
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	ADDL SUB		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	GENERAL LIABILITY		POLICY NUMBER				\$ 1,000),000
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO DENITED	\$1,000	,
	CLAIMS-MADE X OCCUR						\$10,00	0
						PERSONAL & ADV INJURY	\$1,000),000
						GENERAL AGGREGATE	\$2,000),000
	GEN'L AGGREGATE LIMIT APPLIES PER:					CTS - COMP/OP AGG	\$2,000),000
	POLICY PRO- JECT LOC						\$	
С	AUTOMOBILE LIABILITY		OL Y N M ER	01/01_201	01/01/20	COMBINED SINGLE LIMIT	_{\$} 1,000	,000
						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS					NJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR		POLICY NUMBER	01/01/2015	01/01/2016	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
в	VORKERS COMPENSATION		POLICY NUMBER	01/01/2015	01/01/2016	X WC STATU- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 1,000	,000
	(Mandatory in NH)	11/2				E.L. DISEASE - EA EMPLOYEE	\$ 1,000	,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000	,000
С								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								
RE: Use of Mill Road School								
The General Liability policy includes an Additional Insured endorsement that provides Additional Insured status to Area								
Cooperative Educational Services and/or affiliated entities, the Town of North Haven, and the Town of North Haven Board of Education City ,only when there is a written contract or written agreement between the named insured and the certificate								
Education City ,only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the premises referenced above. Coverage shall be Primary and								
	n-Contributory.	a only w	na regard to the premi		Juve. COve	aye shan ve Fillidfy	anu	
	-							
CE	RTIFICATE HOLDER			CANCELLATION				
Area Cooperative Educational				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
Services 350 State Street				ACCORDANCE W	ITH THE PO	LICY PROVISIONS.		
North Haven, CT 06473								
				AUTHORIZED REPRESENTATIVE				
no no n								
Jodon Jillachon								
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