



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JH

DATE (MM/DD/YYYY)

09/20/11

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).

|   |  |   |   |                        |
|---|--|---|---|------------------------|
| <b>PRODUCER</b><br>Commercial Coverage - Ballston<br>PO Box 5060<br>Saratoga Springs, NY 12866<br>Thomas F. Wallace, Sr.      |  | 518-602-2020<br>518-602-0236                  | <b>CONTACT NAME:</b><br>PHONE (A/C, No., Ext):<br>E-MAIL ADDRESS:<br>PRODUCER CUSTOMER ID #: <b>BILLS-3</b> | FAX (A/C, No):         |
| <b>INSURED</b><br>Bill Smith Enterprises Inc<br>dba Smith's Sealcoating<br>L & L Blacktop<br>679 Burden Ave<br>Troy, NY 12180 |  | <b>INSURER(S) AFFORDING COVERAGE</b>          |   | <b>NAIC #</b><br>12572 |
|   |  | <b>INSURER A:</b> Selective Insurance Company |   |                        |
|   |  | <b>INSURER B:</b>                             |   |                        |
|   |  | <b>INSURER C:</b>                             |   |                        |
|   |  | <b>INSURER D:</b>                             |   |                        |
|   |  | <b>INSURER E:</b>                             |   |                        |
|   |  | <b>INSURER F:</b>                             |   |                        |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 SUBR INSR               | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                                     |
|----------|--|------------------------------|-----|---------------|-------------------------|-------------------------|--|-------------------------------------|
| A        | GENERAL LIABILITY  |                              |     | S1898418      | 07/27/11                | 07/27/12                | EACH OCCURRENCE \$ 1,000,000                         |                                     |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |                              |     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |                                     |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                              |     |               |                         |                         | MED EXP (Any one person) \$ 10,000                   |                                     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                              |     |               |                         |                         |  | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                              |     |               |                         |                         | GENERAL AGGREGATE \$ 3,000,000                       |                                     |
|          |  |                              |     |               |                         |                         |  | PRODUCTS - COM/POP AGG \$ 3,000,000 |
|          |  |                              |     |               |                         |                         |  | \$                                  |
| A        | AUTOMOBILE LIABILITY   |                              |     | S1898418      | 07/27/11                | 07/27/12                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |                                     |
|          | <input type="checkbox"/> ANY AUTO  |                              |     |               |                         |                         | BODILY INJURY (Per person) \$                        |                                     |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |                              |     |               |                         |                         | BODILY INJURY (Per accident) \$                      |                                     |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS  |                              |     |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |                                     |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |                              |     |               |                         |                         | \$   |                                     |
| A        | <input checked="" type="checkbox"/> NON-OWNED AUTOS  |                              |     |               |                         |                         | \$   |                                     |
| A        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  |                              |     | S1898418      | 07/27/11                | 07/27/12                | EACH OCCURRENCE \$ 1,000,000                         |                                     |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE   |                              |     |               |                         |                         | AGGREGATE \$ 1,000,000                               |                                     |
|          | DEDUCTIBLE   |                              |     |               |                         |                         | \$   |                                     |
|          | RETENTION \$ 10000   |                              |     |               |                         |                         | \$   |                                     |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                              |     | S1898418      | 07/27/11                | 07/27/12                | WC STATUTORY LIMITS                                  |                                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input type="checkbox"/> Y/N | N/A |               |                         |                         | E.L. EACH ACCIDENT \$                                |                                     |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                              |     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |                                     |
|          |  |                              |     |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |                                     |
| A        | Floater  |                              |     | S1898418      | 07/27/11                | 07/27/12                | Equipment 355,500                                    |                                     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

|                                      |  |
|--------------------------------------|--|
| <b>PROOF OF COVERAGE</b>             | <b>PROOF OF</b>  |
|                                      | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| <b>AUTHORIZED REPRESENTATIVE</b><br> |  |

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