



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2019

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>TriPoint<br>21C Arts Center Court<br>Avon CT 06001 |  | <b>CONTACT NAME:</b> Christine Dodds<br><b>PHONE (A/C No. Ext):</b> (860)618-1104<br><b>E-MAIL ADDRESS:</b> cdodds@tripointins.com<br><b>FAX (A/C No):</b> (860)499-5352 |                     |
|   |  | <b>INSURER(S) AFFORDING COVERAGE</b>   |                     |
|   |  | <b>INSURER A:</b> Zurich American Insurance  | <b>NAIC #</b> 16535 |
|   |  | <b>INSURER B:</b> Travelers Prop Cas Co of Ameri   | 25674               |
|   |  | <b>INSURER C:</b> American Zurich Insurance Company  | 40142               |
|   |  | <b>INSURER D:</b>  |                     |
|   |  | <b>INSURER E:</b>  |                     |
|   |  | <b>INSURER F:</b>  |                     |

**COVERAGES**

CERTIFICATE NUMBER: 2019-20

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 INSD | SUBR WVD | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |                                |              |
|----------|--|-----------|----------|-------------------|-------------------------|-------------------------|---|--------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | GLO 0381172 04    | 7/1/2019                | 7/1/2020                | EACH OCCURRENCE   | \$ 1,000,000                   |              |
|          |  |           |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 1,000,000                   |              |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS                                       |           |          | BAP 0381173 04    | 7/1/2019                | 7/1/2020                | COMBINED SINGLE LIMIT (Ea accident)   | \$ 1,000,000                   |              |
|          |  |           |          |                   |                         |                         | BODILY INJURY (Per person)  | \$                             |              |
|          |  |           |          |                   |                         |                         |   | BODILY INJURY (Per accident)   | \$           |
|          |  |           |          |                   |                         |                         |   | PROPERTY DAMAGE (Per accident) | \$           |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |           |          | ZUP14R92700-19-NF | 7/1/2019                | 7/1/2020                | EACH OCCURRENCE   | \$ 20,000,000                  |              |
|          |  |           |          |                   |                         |                         | AGGREGATE   | \$ 20,000,000                  |              |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      | WC 0381171 04     | 7/1/2019                | 7/1/2020                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |                                |              |
|          |  |           |          |                   |                         |                         | E.L. EACH ACCIDENT  | \$ 1,000,000                   |              |
|          |  |           |          |                   |                         |                         |   | E.L. DISEASE - EA EMPLOYEE     | \$ 1,000,000 |
|          |  |           |          |                   |                         |                         | E.L. DISEASE - POLICY LIMIT   | \$ 1,000,000                   |              |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                       |  |
|-----------------------|--|
| Evidence of Insurance | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                       | AUTHORIZED REPRESENTATIVE<br>C Dodds/JZHANG  |

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