FVSTAGE-01

BTAZZARA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/16/2013

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

CONTACT Brittany Tazzara	5699				
John M. Glover Agency Adams Agency LLC PHONE (A/C, No, Ext): (860) 828-8888 FAX (A/C, No): (860) 828-	5699				
F.MAII					
9 Webster Square Road ADDRESS: Dtazzara@joininglover.com	E-MAIL ADDRESS: btazzara@johnmglover.com				
Berlin, CT 06037 INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURER A : U.S. Liability Insurance Group					
INSURED INSURER B:					
Farmington Valley Stage INSURER C:					
241 Talcott Notch Road INSURER D:					
Farmington, CT 06032 INSURER E:					
INSURER F:					
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 FOR					
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHIC CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T					
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 (MM/DD/YYYY) (MM/DD/YYYY) LIMITS					

INSR LTR	SR TYPE OF INSURANCE			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)					
	GEN	NERAL LIABILITY						EACH OCCURRENCE	\$			
		COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
		CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$			
								PERSONAL & ADV INJURY	\$			
								GENERAL AGGREGATE	\$			
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$			
		POLICY PRO- JECT LOC							\$			
	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	ANY AUTO							BODILY INJURY (Per person)	\$			
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$			
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$			
									\$			
Α		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 1,000,0)00		
	X	EXCESS LIAB CLAIMS-MADE			XL1552610A	8/9/2013	8/9/2014	AGGREGATE	\$			
		DED X RETENTION\$						pers & adj inju	\$ 1,000,0)00		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$			
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)												
		TOATE HOLDED				SELL ATION						

CERTIFICATE HOLDER CANCELLATION

> **Town of Canton** Attn: Robert H. Skinner 4 Market St. Collinsville, CT 06022

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