



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/13/2016

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 have ADDITIONAL INSURED provisions or 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 Hugh Wood Inc. 55 Broadway New York, NY 10006	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(212) 509-3777	FAX (A/C, No): (212) 509-4906
	E-MAIL ADDRESS:	insurance@hughwood.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Great American Insurance Co	
		INSURER B : U S Specialty Insurance Co	
		INSURER C : Commerce and Industry Ins. Co	
		INSURER D : AIG Specialty Insurance Co	26883
		INSURER E :	
		INSURER F :	

INSURED
Clean Water of New York Inc.
William J. Lauer Corp.
3249 Richmond Terrace
Staten Island, NY 10303

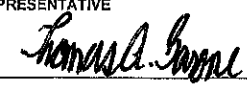
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			OMH 797750818	10/13/2016	04/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP429160705	04/19/2016	04/19/2017	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			CXS10307.106.	10/13/2016	04/19/2018	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
DED		RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC001613079	04/19/2016	04/19/2017	<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
D	Pollution Liability			EG4178391	04/19/2016	04/19/2017	Each Occurrence 1,000,000
A	Pollution Liability			PCE190313702	04/19/2016	04/19/2017	Each Occurrence 1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY Hugh Wood Inc.		NAMED INSURED Clean Water of New York Inc. William J. Lauer Corp. 3249 Richmond Terrace Staten Island, NY 10303	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Worker's Compensation Policy No. WC001613079 includes USL&H and MEL coverage.

General & Pollution Policy No. EG4178391 includes the following limits:

General Liability

General Aggregate: \$2,000,000
 Products-Completed Operations Aggregate Limit: \$1,000,000
 Personal & Advertising Injury Limit: \$1,000,000
 Each Occurrence Limit: \$1,000,000
 Damage to Premises Rented to You Limit: \$300,000
 Medical Expense Limit: \$25,000

Pollution Liability

Pollution Liability Limit: \$1,000,000 Each Loss Site Pollution
 Additional Pollution Legal Liability: \$1,000,000 Each Loss Transported Cargo
 Additional Pollution Legal Liability: \$1,000,000 Each Loss Products
 Pollution Aggregate: \$3,000,000 Site Pollution, Transported Cargo & Products

Protection & Indemnity including vessel Pollution Liability - West of England Ship Owners Mutual - Policy No. 81778 - 02/20/16 - 02/20/17

Protection & Indemnity Limit: Excess of \$2,000,000,000
 Pollution Liability: \$1,000,000,000

Hull & Machinery: Insurer A - Policy No. OMH 549875010
 As per vessel schedule

2nd Layer Bumbershoot Policy No. B5JH02757 - Atlantic Specialty Insurance Co. - 10/13/16 to 4/19/17
 Limit of Liability: \$4,000,000 Excess 1st Layer Bumbershoot