Client#: 20366 EASTCO13

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/11/2016

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 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

| CE | rtificate holder in lieu of such endors | eme | nt(s) | | | | | | 111 200 | | | |
|--|---|-----|---------------------------|--------------|------------|--|-------------------------------|--------------------------------------|---|---|---------|--|
| PRODUCER | | | | | | CONTACT NAME: | | | | | | |
| ARCHER A ASSOCIATES INC. | | | | | | PHONE (A/C, No, Ext): 516 328-0333 FAX (A/C, No): 516-32 | | | | | 28-1640 | |
| A Division of Assured SKCG, Inc. | | | | | | E-MAIL ADDRESS: | | | | | | |
| 111 Express Street | | | | | | INSURER(S) AFFORDING COVERAGE NAIC | | | | | | |
| Plainview, NY 11803 | | | | | | INSURER A: Westchester Surplus Lines Ins C | | | | | | |
| INSURED | | | | | | INSURER B: | | | | | | |
| East Coast Environmental Restoration | | | | | | INSURER Ç: | | | | | | |
| 136 Allen Blvd. | | | | | INSURER D: | | | | | | | |
| Farmingdale NY 11735 | | | | | | 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 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 | | | SUBR WVD POLICY NUMBER | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | 3 | | |
| Α | GENERAL LIABILITY | | х | G27959040001 | | 03/01/2016 | 03/01/2017 | | | \$1,00 | 0,000 | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | | DAMAGE TO RENTE PREMISES (Ea occu | Trence) | \$50,0 | 00 | |
| | CLAIMS-MADE X OCCUR | | | | | | | MED EXP (Any one p | | \$10,0 | 00 | |
| | X BI/PD Ded:2,500 | | | | | | | PERSONAL & ADV I | NJURY | \$1,00 | 0,000 | |
| | | | | | | | | GENERAL AGGREGATE \$2,00 | | 0,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG \$2,00 | | 0,000 | | | |
| | POLICY PRO- JECT LOC | | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | r person) | \$ | | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | | BODILY INJURY (Pe | | \$ | | |
| | HIRED AUTOS NON-OWNED AUTOS | | | | | | | PROPERTY DAMAG (Per accident) | E | \$ | | |
| 20 | | | | | | | | | | \$ | | |
| Α | UMBRELLA LIAB OCCUR | х | х | G27961034001 | | 03/01/2016 | 03/01/2017 | EACH OCCURRENC | RENCE \$5,000 | | 0,000 | |
| | X EXCESS LIAB X CLAIMS-MADE | | | | | | | AGGREGATE | | \$5,000 | 0,000 | |
| | DED RETENTION\$ | | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | WC STATU- TORY LIMITS | OTH- ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | N/A | | | | | | E.L. EACH ACCIDEN | IT. | \$ | | |
| (Mandatory in NH) | | W/A | | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | E.L. DISEASE - POLI | ICY LIMIT | \$ | | |
| Α | Ollution G27959040001 | | G27959040001 | | 03/01/2016 | 03/01/2017 | 7 \$1,000,000 Limit | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | -, 5 | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate holder its officers directors, partners, agents, employees and representatives are included as additional insured un the general Liability Excess Liability on a primary and non contributory basis including completed operations waiver of subrogation applies in favor of certificate holder its officers, directors, parnters agents employees and representatives | | | | | | | | | | | | |
| CERTIFICATE HOLDER CANCELLATION | | | | | | | | | | *************************************** | | |
| OANOLLEANON CANOLLEANON | | | | | | | | | *************************************** | | | |
| | | | | | | 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 | | | | | | |
| | | | | | | Charlarsiells | | | | | | |

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