

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/13/2022

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.

| | SUBROGATION IS WAIVED, subject to nis certificate does not confer rights to | | | | | | may require | an endorseme | nt. A state | ement (| on | |
|--------------------------------------|---|---------------------------|----------------------------|--|------------------|--|--|--|-------------|---------|----------------|--|
| PRODUCER | | | | | | CONTACT Ten Eyck Group | | | | | | |
| Ten Eyck Group | | | | | | | | | | | (518) 456-7076 | |
| 1924 Western Avenue | | | | | | | | | (A/O, NO). | | | |
| | | | | | ADDRE | | SURFR(S) AFFOR | RDING COVERAGE | | | NAIC # | |
| Albany NY 12203 | | | | | | INSURER A: Dryden Mutual Insurance Co | | | | | 13919 | |
| INSURED | | | | | | INSURER B: | | | | | | |
| Doug's Precision Power Washing, Inc. | | | | | | INSURER C: | | | | | | |
| P.O. Box 513 | | | | | INSURER D: | | | | | | | |
| | | | | | INSURER E: | | | | | | | |
| Latham | | | | NY 12110-0513 | INSURER F: | | | | | | | |
| COVERAGES CER | | | ATE I | NUMBER: CL225132995 | REVISION NUMBER: | | | | | | | |
| IN C E | HIS IS TO CERTIFY THAT THE POLICIES OF II IDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA XCLUSIONS AND CONDITIONS OF SUCH PO | REME JIN, TH LICIES | NT, TE HE INS S. LIM | ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE IITS SHOWN MAY HAVE BEEN | CONTRA POLICI | ACT OR OTHER ES DESCRIBEI ED BY PAID CL | R DOCUMENT V D HEREIN IS SI LAIMS. | WITH RESPECT TO | O WHICH T | HIS | | |
| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | 06/06/2023 | EACH OCCURREN | | \$ 1,00 | 0,000 | |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | \$ 50,0 | 00 | |
| | | | | | | | | MED EXP (Any one person) | | \$ 5,00 | 0 | |
| Α | | | | CFL00022497 | | 06/06/2022 | | PERSONAL & ADV INJURY \$ | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | OLIVE! (IL CONTECTION Q | | þ | 0,000 | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COM | P/OP AGG | \$ 2,00 | 0,000 | |
| | OTHER: | | | | | | | | | \$ | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT \$ 1,000 (Ea accident) | | 0,000 | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) \$ | | \$ | | |
| Α | OWNED SCHEDULED AUTOS ONLY | | | CFL00022497 | | 06/06/2022 | 06/06/2023 | BODILY INJURY (Per accident) \$ | | \$ | | |
| | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAC (Per accident) | SE | \$ | | |
| | | | | | | | | | | \$ | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURREN | CE | \$ | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | \$ | | |
| | DED RETENTION \$ | | | | | | | | | \$ | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER STATUTE | OTH- ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | N/A | | | | | | E.L. EACH ACCIDE | NT | \$ | | |
| (Mandatory in NH) | | | <u> </u> | | | | | E.L. DISEASE - EA EMPLOYEE | | \$ | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | ICY LIMIT | \$ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE | S (AC | ORD 1 | 01, Additional Remarks Schedule, | may be a | ttached if more sp | pace is required) | | | | | |
| Evid | dence of Insurance | | | | | | | | | | | |
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| CERTIFICATE HOLDER | | | | | | CANCELLATION | | | | | | |
| Dougs Precision Power Washing Inc | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | 2 Hunts End Lane | AUTHO | AUTHORIZED REPRESENTATIVE | | | | | | | | | |
| Loudonville NY 12211 | | | | | | Gritadin S. Sunon | | | | | | |