TRAVELERS

One Tower Square, Hartford, Connecticut 06183

TRAVELERS CORP. TEL: 1-800-328-2189
STREET & ROAD CONTRACTORS
COMMON POLICY DECLARATIONS
ISSUE DATE: 04/09/20
POLICY NUMBER: DT-CO-7F264337-TCT-20

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

1. NAMED INSURED AND MAILING ADDRESS:
   ANNSEAL INC (AS PER IL T8 00)
   130 MAIN STREET, SUITE 3
   JOHNSON CITY, NY 13790

2. POLICY PERIOD: From 04/01/20 to 04/01/21 12:01 A.M. Standard Time at your mailing address.

3. LOCATIONS

Premises Loc. No.	Bldg. No.	Occupancy	Address
SEE IL T0 03			

4. COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:

COMMERCIAL GENERAL LIABILITY COV PART DECLARATIONS	CG T0 01 11 03 TCT
EMPLOYEE BENEFITS LIABILITY COV PART DECLARATIONS	CG T0 09 09 93 TCT

5. NUMBERS OF FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY: SEE IL T8 01 10 93

6. SUPPLEMENTAL POLICIES: Each of the following is a separate policy containing its complete provisions:

Policy	Policy No.	Insuring Company
DIRECT BILL	SEE CALCULATION OF PREMIUM COMPOSITE RATES ENDORSEMENT	

7. PREMIUM SUMMARY:

Provisional Premium	$ 83,191
Due at Inception	$
Due at Each	$

NAME AND ADDRESS OF AGENT OR BROKER:
MIRABITO-GRESHAM INS (DJZ61)
423 COMMERCE RD STE 2
VESTAL, NY 13850

COUNTERSIGNED BY:

Authorized Representative

DATE:

TRAVELERS

One Tower Square, Hartford, Connecticut 06183

COMMERCIAL GENERAL LIABILITY CONTRACTORS
COVERAGE PART DECLARATIONS

POLICY NO.: DT-CO-7F264337-TCT-20
ISSUE DATE: 04-09-20

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

DECLARATIONS PERIOD: From 04-01-20 to 04-01-21 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial General Liability Coverage Part consists of these Declarations and the Coverage Form shown below.

1. COVERAGE AND LIMITS OF INSURANCE:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM	LIMITS OF INSURANCE
General Aggregate Limit (Other than Products-Completed Operations)	$ 2,000,000
Products-Completed Operations Aggregate Limit	$ 2,000,000
Personal & Advertising Injury Limit	$ 1,000,000
Each Occurrence Limit	$ 1,000,000
Damage To Premises Rented To You Limit (any one premises)	$ 300,000
Medical Expense Limit (any one person)	$ 5,000

2. AUDIT PERIOD: ANNUAL

3. FORM OF BUSINESS: CORPORATION

4. NUMBERS OF FORMS, SCHEDULES AND ENDORSEMENTS FORMING PART OF THIS COVERAGE PART ARE ATTACHED AS A SEPARATE LISTING.

COMMERCIAL GENERAL LIABILITY COVERAGE IS SUBJECT TO A GENERAL AGGREGATE LIMIT

PRODUCER: MIRABITO-GRESHAM INS DJZ61 OFFICE: SYRACUSE 208

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY INSURANCE – NEW YORK

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Coverage	Amount of Deductible PER OCCURRENCE
Property Damage Liability, including Limited Coverage For Pollution Costs (if applicable), only	$ 2,500
OR	
Bodily Injury Liability and Property Damage Liability, including Limited Coverage For Pollution Costs (if applicable), combined	$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

PROVISIONS

APPLICATION OF ENDORSEMENT (Enter below any limitations on the application of this endorsement. If no limitation is entered, the deductible applies to:

A. Damages for all "property damage" and to all "limited covered pollution costs" (if applicable); or

B. Damages for all "bodily injury" and "property damage" and to all "limited covered pollution costs" (if applicable);

however caused):

1. Our obligation:

a. Under the Bodily Injury Liability and Property Damage Liability Coverages to pay damages on behalf of the insured; and

b. Under the Limited Coverage For Pollution Costs (if applicable) to pay "limited covered pollution costs" on behalf of the insured;

applies only to the amount of damages and "limited covered pollution costs" (if applicable) in excess of any deductible amount stated in the Schedule above as applicable to such coverages.

2. The deductible amount stated in the Schedule above applies as follows:

a. Under Property Damage Liability Coverage, including Limited Coverage For Pollution Costs (if applicable), only, to all:

(1) Damages because of "property damage"; and

(2) "Limited covered pollution costs" (if applicable);

as the result of any one "occurrence"; or

b. Under Bodily Injury Liability and Property Damage Liability Coverage, including

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Limited Coverage For Pollution Costs (if applicable), combined, to all:

(1) Damages because of "bodily injury";

(2) Damages because of "property damage"; and

(3) "Limited covered pollution costs" (if applicable);

as the result of any one "occurrence".

3. The terms of this insurance, including those with respect to:

a. Our right and duty with respect to the defense of "suits"; and

b. Your duties in the event of an "occurrence", claim, or "suit";

apply irrespective of the application of the deductible amount.

4. The applicable limits of insurance (including aggregates) shall be reduced by the amount of any damages (or "limited covered pollution costs", if applicable) within the deductible amount.

5. The following is added to the Transfer of Rights of Recovery Against Others To Us Condition:

Any recoveries hereunder shall be applied in the following order:

a. Any interest (including the insured) that may have paid any amount with respect to liability in excess of the limit of our liability hereunder;

b. Us for the amount paid hereunder; and

c. All other interests (including the insured), with respect to the residue, if any.

When we have elected to participate in the exercise of the insured's right of recovery, reasonable expenses resulting therefrom shall be apportioned among all the interests in the ratio of their respective recoveries.

6. We may pay any part or all of the deductible amount to effect payment of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us from your own funds for such part of the deductible amount as we have paid, regardless of any contributions toward payment of any claim or "suit" made by other insurers or any other entity, and regardless of any deductibles owed or paid by you to other insurers for the same "occurrence".

Only payments made by you will satisfy your obligation to reimburse us for payments we make within the deductible amount. Your obligation to reimburse us for such payments made by us is not satisfied by contributions made toward payment of any claim or "suit" by other insurers or any other entity.

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TRAVELERS

One Tower Square, Hartford, Connecticut 06183

TRAVELERS CORP. TEL: 1-800-328-2189
HIGHWAY, STREET, AND BRIDGE CONSTRUCTION
COMMON POLICY DECLARATIONS
ISSUE DATE: 04/09/20
POLICY NUMBER: BA-8M889958-20-26-G

INSURING COMPANY:
THE TRAVELERS INDEMNITY COMPANY

1. **NAMED INSURED AND MAILING ADDRESS:**
   ANNSEAL, INC.
   AND AS PER IL T8 00
   130 MAIN ST
   STE 3
   JOHNSON CITY NY 13790

2. **POLICY PERIOD:** From 04/01/20 to 04/01/21 12:01 A.M. Standard Time at your mailing address.

3. **LOCATIONS:**

Premises Loc. No.	Bldg. No.	Occupancy	Address

4. **COVERAGE PARTS FORMING PART OF THIS POLICY AND INSURING COMPANIES:**
   COMMERCIAL AUTOMOBILE COV PART DECLARATIONS CA T0 01 02 15 IND

5. **NUMBERS OF FORMS AND ENDORSEMENTS FORMING A PART OF THIS POLICY: SEE IL T8 01 01 01**

6. **SUPPLEMENTAL POLICIES:** Each of the following is a separate policy containing its complete provisions:

Policy	Policy No.	Insuring Company
DIRECT BILL		

7. **PREMIUM SUMMARY:**

Provisional Premium	$	91,646.00
Due at Inception	$	
Due at Each	$	

NAME AND ADDRESS OF AGENT OR BROKER:
MIRABITO-GRESHAM INS(DJZ61)
423 COMMERCE RD STE 2
VESTAL NY 13850

COUNTERSIGNED BY:

_____
Authorized Representative

DATE: _____

TRAVELERS

One Tower Square, Hartford, Connecticut 06183

BUSINESS AUTO/AUTO DEALERS/
MOTOR CARRIER COVERAGE PART
SUPPLEMENTARY SCHEDULE

POLICY NO.: BA-8M889958-20-26-G
ISSUE DATE: 04-09-20

ITEM TWO

COVERAGE AND LIMITS OF INSURANCE
SUPPLEMENTARY UNINSURED MOTORISTS COVERAGE/UNDERINSURED MOTORISTS COVERAGE

The LIMIT OF INSURANCE for the coverages shown below is the LIMIT OF INSURANCE shown for the State where a covered "auto" is principally garaged. Refer to the specific coverage endorsement for description of the coverage provided for each State listed below.

Coverage SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS COVERAGE	LIMIT OF INSURANCE	
State	"Bodily Injury" Each "Accident"	"Bodily Injury" Each Person Each "Accident"
NY	1,000,000	

The maximum amount payable under SUM coverage shall be the policy SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

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One Tower Square, Hartford, Connecticut 06183

BUSINESS AUTO
COVERAGE PART DECLARATIONS
ISSUE DATE: 04-09-20 CB

ITEM ONE **Policy Number:** BA-8M889958-20-26-G

INSURING COMPANY: THE TRAVELERS INDEMNITY COMPANY

Declarations Period: From 04-01-20 to 04-01-21 12:01 A.M. Standard Time at your mailing address shown in the Common Policy Declarations.

The Commercial Auto Coverage Part consists of these Declarations and the Business Auto Coverage Form shown below.

FORM OF BUSINESS: Corporation

ITEM TWO

A. COVERAGE AND LIMITS OF INSURANCE

Coverage applies only to those "autos" shown as Covered "Autos". "Autos" are shown as covered "autos" for the applicable coverages by the entry of one or more of the symbols from Section I – Covered Autos of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTO SYMBOL	LIMITS OF INSURANCE The most we will pay for any one accident or loss	PREMIUM
COVERED AUTOS LIABILITY	1	$1,000,000	
PERSONAL INJURY PROTECTION (NO FAULT)	5	Separately stated in each PIP endorsement minus deductible shown in ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN.	
Personal Injury Protection (No Fault) (New York Only)	5	$50,000 minus deductible shown in ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN.	$1,726
Additional Personal Injury Protection (Additional No Fault) (New York Only)	5	$150,000	$1,550
Aggregate No-Fault Benefits Available (New York Only)	5	$200,000	$3,276

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BUSINESS AUTO
COVERAGE PART DECLARATIONS
ISSUE DATE: 04-09-20 CB

Policy Number: BA-8M889958-20-26-G

COVERAGES	COVERED AUTO SYMBOL	LIMITS OF INSURANCE The most we will pay for any one accident or loss	PREMIUM
Maximum Monthly Work Loss (New York Only)	5	$5,000	
Other Necessary Expenses (Per Day) (New York Only)	5	$50	
Death Benefit (New York Only)	5	$5,000	
ADDED PERSONAL INJURY PROTECTION (Added No-fault coverage)	5	Separately stated in each ADDED PIP endorsement.	
AUTO MEDICAL PAYMENTS	2	$5,000 Each Insured	
NY SUM	2	SEE CA T0 76 The maximum amount payable under SUM coverage shall be the policy SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.	

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BUSINESS AUTO
COVERAGE PART DECLARATIONS
ISSUE DATE: 04-09-20 CB

Policy Number: BA-8M889958-20-26-G

COVERAGES	COVERED AUTO SYMBOL	LIMITS OF INSURANCE The most we will pay for any one accident or loss	PREMIUM
PHYSICAL DAMAGE Comprehensive Coverage	7 8	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE--SCHEDULE OF COVERED AUTOS YOU OWN for each covered Auto. See Item Four for Hired or Borrowed Autos.	
PHYSICAL DAMAGE Collision Coverage	7 8	Actual Cash Value or Cost of Repair, whichever is less, minus deductible shown in ITEM THREE--SCHEDULE OF COVERED AUTOS YOU OWN for each covered Auto. See Item Four for Hired or Borrowed Autos.	

B. AUDIT PERIOD: ANNUALLY

C. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS:
Symbols 1-9, 19: SEE BUSINESS AUTO COVERAGE FORM Section 1 Covered Autos

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TRAVELERS

One Tower Square, Hartford, Connecticut 06183

POLICY DECLARATIONS
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE POLICY

POLICY NO.: CUP-2J264427-20-26
ISSUE DATE: 04/14/2020

INSURING COMPANY: THE TRAVELERS INDEMNITY COMPANY

1. **NAMED INSURED AND MAILING ADDRESS:** ANNSEAL INC
130 MAIN STREET, SUITE 3
SUITE 3
JOHNSON CITY NY 13790

2. **POLICY PERIOD:** From 04/01/2020 to 04/01/202112:01 A.M. Standard Time at your mailing address.

3. **LIMITS OF INSURANCE:**

COVERAGES		LIMITS OF LIABILITY
AGGREGATE LIMITS OF LIABILITY	$5,000,000	General Aggregate
	$5,000,000	Products-Completed Operations Aggregate
EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY	$5,000,000	Occurrence Limit subject to the General Aggregate
CRISIS MANAGEMENT SERVICE EXPENSES	$50,000	all Crisis Management Events

4. **SELF-INSURED RETENTION:** $10,000 **any one occurrence or event**

5. **PREMIUM:** $ 45,516 X Flat Charge Adjustable (See Premium Schedule)

6. **TAXES AND SURCHARGES:**

7. On the effective date shown in Item **2.**, the Excess Follow-Form And Umbrella Liability Insurance Policy numbered above includes this Declarations Page and any forms and endorsements shown on the Listing Of Forms, Endorsements And Schedule Numbers.

8. If the Schedule Of Underlying Insurance includes any coverage provided on a claims-made basis, then the following disclaimer applies.

COVERAGE WILL APPLY ON A CLAIMS-MADE BASIS WHEN FOLLOWING CLAIMS-MADE UNDERLYING INSURANCE.

9. If the Schedule Of Underlying Insurance includes any coverage which includes defense expenses within the limits of liability, then the following disclaimer applies:

DEFENSE EXPENSES ARE PAYABLE WITHIN, AND ARE NOT IN ADDITION TO, THE LIMITS OF INSURANCE WITH RESPECT TO SOME OR ALL OF THE COVERAGES PROVIDED.

NAME AND ADDRESS OF AGENT OR BROKER:

MIRABITO-GRESHAM INS - DJZ61
423 COMMERCE RD STE 2
VESTAL NY 13850

COUNTERSIGNED BY:

_____
Authorized Representative

DATE: _____

OFFICE: NEW YORK NY

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE

Employers Liability

Carrier THE TRAVELERS INDEMNITY COMPANY

Policy Number UB-003K164107-20

Policy Period

From: 04/01/2020

to: 04/01/2021

Limits Of Liability	
Bodily Injury By Accident Each Accident	$500,000
Bodily Injury By Disease Policy Limit	$500,000
Bodily Injury By Disease Each Employee	$500,000

Automobile Liability

Carrier THE TRAVELERS INDEMNITY COMPANY

Policy Number BA-008M889958-20

Policy Period

From: 04/01/2020

to: 04/01/2021

Limits Of Liability	
Bodily Injury And Property Damage Combined Single Limit	$1,000,000

Employee Benefits Liability

Carrier THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Policy Number CO-7F264337-20

Policy Period

From: 04/01/2020

to: 04/01/2021

Limits Of Liability	
Each Employee	$1,000,000
Aggregate	$2,000,000

PRODUCER: MIRABITO-GRESHAM INS OFFICE: SYRACUSE NY 208

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE OF UNDERLYING INSURANCE

This endorsement modifies insurance provided under the following:

EXCESS FOLLOW-FORM AND UMBRELLA LIABILITY INSURANCE

Commercial General Liability

Carrier THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

Policy Number CO-7F264337-20

Policy Period

From: 04/01/2020

to: 04/01/2021

Limits Of Liability	
General Aggregate	$2,000,000
Products-Completed Operations Aggregate	$2,000,000
Personal and Advertising Injury	$1,000,000
Each Occurrence	$1,000,000

Carrier

Policy Number

Policy Period

From:

to:

Limits Of Liability

Carrier

Policy Number

Policy Period

From:

to:

Limits Of Liability

PRODUCER:MIRABITO-GRESHAM INS OFFICE:SYRACUSE NY 208

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