

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2020

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					CONTACT Tracy Lane					
Berkshire Fairfield Insurance Agency					PHONE (413) 443-5300 FAX (413) 443-2691 (413) 443-2691					
128 South Street					E-MAIL tlane@berkshirefairfield.com					
					INSURER(S) AFFORDING COVERAGE NAIC #					
Pittsfield MA 01201					INSURER A : Illinois Union Insurance Company 27960					
INSURED					INSURER B: ACE Property and Casualty Insurance Company 2069					
Holland Company Inc					INSURER C :					
153 Howland Ave					INSURER D :					
Adams MA 01220-1110										
COVERAGES CERTIFICATE NUMBER: 2019-2020 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		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
COMMERCIAL GENERAL LIABILITY	1130		. eller Hombelt				EACH OCCURRENCE	\$ 1,00	0,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence	300		
								25.0		
	Y		APC G28147661 001		08/01/2019	08/01/2020	MED EXP (Any one persor	1.00	0,000	
					00,01,2010	00,01,2020	PERSONAL & ADV INJUR			
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	2.00	0,000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	AGG <u>\$</u> 2,00	5,000	
OTHER:							COMBINED SINGLE LIMIT	,		
							(Ea accident)	\$ 1,00	J,000	
					08/01/2019	08/01/2020	BODILY INJURY (Per pers			
B OWNED AUTOS ONLY SCHEDULED AUTOS			PMU H08463402 001	0			BODILY INJURY (Per accid	dent) \$		
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
							PIP-Basic	\$ 8,000		
							EACH OCCURRENCE	_{\$} 5,00	0,000	
A EXCESS LIAB CLAIMS-MADE			XOO G28147673 001		08/01/2019	08/01/2020	AGGREGATE	\$		
DED X RETENTION \$ 10,000								\$		
WORKERS COMPENSATION								DTH- ER		
				ED			E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED?			TO BE ISSUED BY CARRII	LN			E.L. DISEASE - EA EMPLO			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY L			
								··· •		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	01, Additional Remarks Schedule	mav be a	ttached if more s	ace is required)		I		
Certificate Holder is an additional insured with	-			-						
	00000		Sonoral Elability Whore require	sa sy m						
CERTIFICATE HOLDER CANCELLATION										
Capitol Region Council of Governments 241 Main Street #4					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										
			07 0000				01.			
Hartford CT 06106					Tray & Lare					

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