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INSU	RED						INSURE	R B : Traveler	s Excess and	Surplus Lines Co		29696
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	AND	RKERS COMPENSATIO	ON \$10000 N TY Y/N							PER STATUTE ER E.L. EACH ACCIDENT	\$	
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RE: The Inst and cor	CR Ge ured on tair	PC #708, Aspha eneral Liability p d status to the C ly with regard to	alt Pavement C policy includes Certificate Holo o work perforn lorsement with	Craci an a ler, o ned o	k Se auto only on b		ed end n cont ured.	dorsement ract that re The Genera	that provide quires such al Liability p	es Additional n status, policy		
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		Hartford, C	CT 06106				AUTHO	RIZED REPRESE	INTATIVE			
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## **DESCRIPTIONS (Continued from Page 1)**

The General Liability policy includes a Waiver of Subrogation endorsement in favor of the Certificate Holder as referenced above.



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.     CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMED, EXTEND OR ALTER THE COXFRAGE AFFORDED BY THE POLISELOW. THIS CERTIFICATE HOLDER.     IMPORTANT: If the cartificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be ended if SUBROATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not conter rights to the certificate holder in lieu of such endorsement(s).     PROUVEER SUNZ Insurance Solutions, LLC.   ID: (IS Develop)     Cold Geronimo Place, Suite 100   Imsures control (Charles), additions, etc.     Charles, additions, LLC   ID: (IS Develop)     INSURED   Insured Solutions, LLC     IS Development Group, LLC data insured Solutions, 2600 W Geronimo Place, Suite 100   Imsures control (Charles), additions, etc.     COVERAGES   CERTIFICATE NUMBER: 57713859     REVISION NUMBER:   REVISION NUMBER:     INSURER 0:   Imsures control (Charles), additions, a
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If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).     PRODUCER SUNZ Insurance Solutions, LLC.   ID: (IS Development Group, LLC dba Insured Solutions, LLC.   CONTACT     Chandler, AZ 85244   Eaura Lynch   FAC. No:     INSURED   Solutions   Eaura Lynch     Number 2   Solutions   Insured Solutions     2600 W Geronimo Place, Suite 100   Insured Solutions   Insured Solutions     2600 W Geronimo Place, Suite 100   Insured Solutions   Insured Solutions     2600 W Geronimo Place, Suite 100   Insured Solutions CERTIFY THAT THE POLICIES OF INSURANCE LIST DE BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE     Insured Solutions And V REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH     COVERAGES   CERTIFICATE NUMBER: 57713859     THIS IS TO CERTIFY THAT THE POLICY PE FOR THE MOLICAS OF INSURANCE AFORDED BY THE INSURED NAMED ABOVE FOR THE POLICY PE     INDICATES AND ON SOF SUCH THE NUMBER: TERM OR CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH     COMMERCIAL GEREARIA LIABULTY   Insured Solutions of Such The INSURANCE AFORDED BY ANY CONTRACT OR OTHER POLICY PE     INDICATES ADD NA DUR DE SINCH THE INSURATE ADD NAMED ABOVE FOR THE POLICY PE   INDICATES ADD NAMED ADD INJUM
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IS Development LLC   Insure b.     dba Insured Solutions   Insurer C.:     2600 W Geronimo Place, Suite 100   Insurer D.:     Chandler AZ 85244   Insurer D.:     Insurer E.:   Insurer E.:     Insurer E.:   Insurer E.:     Insurer F.:   Insurer E.:     COVERAGES   CERTIFICATE NUMBER: 57713859     THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ADAVE POR THE POLICY PER DOCUMENT TERM OR CONDITION OF ANY CONTREMENT. TERM OR CONDITION OF ANY CONTRENT OF THE POLICY EXP     INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRENT OF ANALY DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXClusions and Conditions of SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.     INSURER C.:   ADDISURANCE     INSURER C.:   INSURER C.:     INSURER C.:   INSURER C.:     INSURER C.:   INSURER C.:     INDICATED.   INSURER C.:     INSURER C.:   INSURER C.:     INTRE C.:   INSURER C.:
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ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N
OFFICER/MEMBER EXCLUDED?
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage provided for all leased employees but not subcontractors of: NYM Group of CT, Inc
Client Effective: 6/27/2019
CT-Connecticut
CERTIFICATE HOLDER CANCELLATION
Capital Region Council of Governments Attn: Jessica Muirhead 241 Main Street, 4th
Hartford CT 06106
Week
Rick Leonard

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