



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
9/23/2020

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 any rights to the certificate holder in lieu of such endorsement(s).

|  |   |  |                                    |               |
|--|---|--|------------------------------------|---------------|
| <b>PRODUCER</b><br><b>USI Insurance Services - Const</b><br><b>333 Earle Ovington Blvd., Suite 800</b><br><b>Uniondale, NY 11553</b> | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>516 419-4000</b> |  | FAX (A/C, No): <b>877 727-5171</b> |               |
|  | <b>E-MAIL ADDRESS:</b>  |  |                                    |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>                              |  |                                    | <b>NAIC #</b> |
|  | <b>INSURER A : Kinsale Insurance Company</b>                      |  |                                    | <b>38920</b>  |
|  | <b>INSURER B : Travelers Excess and Surplus Lines Co</b>          |  |                                    | <b>29696</b>  |
|  | <b>INSURER C : National Indemnity Company</b>                     |  |                                    | <b>20087</b>  |
| <b>INSURED</b><br><b>NYM Group of CT.</b><br><b>c/o 3555 Veterans Memorial Hwy Suite J</b><br><b>Ronkonkoma, NY 11779</b>            | <b>INSURER D :</b>  |  |                                    |               |
|  | <b>INSURER E :</b>  |  |                                    |               |
|  | <b>INSURER F :</b>  |  |                                    |               |

**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                   |   | ADDL INSR                           | SUBR WVD                            | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |             |
|----------|-------------------------------------|---|-------------------------------------|-------------------------------------|-----------------|-------------------------|-------------------------|---|-------------|
| A        | <input checked="" type="checkbox"/> | COMMERCIAL GENERAL LIABILITY  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 01001077940     | 02/17/2020              | 02/17/2021              | EACH OCCURRENCE   | \$1,000,000 |
|          |                                     | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><b>Contractual Liab.</b>  |                                     |                                     |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)   | \$100,000   |
|          |                                     | <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:                             |                                     | <input checked="" type="checkbox"/> |                 |                         |                         | MED EXP (Any one person)    \$Excluded<br>PERSONAL & ADV INJURY    \$1,000,000<br>GENERAL AGGREGATE    \$2,000,000<br>PRODUCTS - COMP/OP AGG    \$2,000,000<br>PRODUCTS - COMP/OP AGG    \$ |             |
| C        | <input type="checkbox"/>            | AUTOMOBILE LIABILITY  | <input type="checkbox"/>            | <input type="checkbox"/>            | 70APB003746     | 02/17/2020              | 02/17/2021              | COMBINED SINGLE LIMIT (Ea accident)   | \$1,000,000 |
|          |                                     | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                      |                                     |                                     |                 |                         |                         | BODILY INJURY (Per person)  | \$          |
|          |                                     |   |                                     |                                     |                 |                         |                         | BODILY INJURY (Per accident)    \$<br>PROPERTY DAMAGE (Per accident)    \$<br>PROPERTY DAMAGE (Per accident)    \$  |             |
| B        | <input checked="" type="checkbox"/> | UMBRELLA LIAB   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | ZUP81N2581320NF | 02/17/2020              | 02/17/2021              | EACH OCCURRENCE   | \$5,000,000 |
|          |                                     | <input type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000   |                                     |                                     |                 |                         |                         | <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> OTHER  | AGGREGATE   |
|          |                                     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N <input type="checkbox"/><br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |                                     | <input type="checkbox"/>            | N/A             |                         |                         | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT    \$<br>E.L. DISEASE - EA EMPLOYEE    \$<br>E.L. DISEASE - POLICY LIMIT    \$  |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: CRPC #708, Asphalt Pavement Crack Sealing.**  
 The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability policy contains a special endorsement with Primary and Noncontributory wording, when required by written contract. (See Attached Descriptions)

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Capitol Region Council of Governments<br>Attn: Jessica Muirhead<br>241 Main Street, 4th<br>Hartford, CT 06106 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|--|--|

## DESCRIPTIONS (Continued from Page 1)

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



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|  |                                    |  |
|--|------------------------------------|--|
| PRODUCER<br>SUNZ Insurance Solutions, LLC. ID: (IS Develop)<br>c/o IS Development Group, LLC dba Insured Solutions<br>2600 W Geronimo Place, Suite 100<br>Chandler, AZ 85244 | CONTACT NAME: Laura Lynch          | FAX (A/C, No):                             |
|  | PHONE (A/C, No, Ext): 678-262-3200 | E-MAIL ADDRESS: certs@insuredsolutions.net |
| INSURER(S) AFFORDING COVERAGE  |                                    | NAIC #                                     |
| INSURER A: United Wisconsin Insurance Company  |                                    | 29157                                      |
| INSURED<br>IS Development LLC<br>dba Insured Solutions<br>2600 W Geronimo Place, Suite 100<br>Chandler AZ 85244  | INSURER B:                         |  |
|  | INSURER C:                         |  |
|  | INSURER D:                         |  |
|  | INSURER E:                         |  |
|  | INSURER F:                         |  |

**COVERAGES**

CERTIFICATE NUMBER: 57713859

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                    | SUBR WVD | POLICY NUMBER      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |              |
|----------|--|------------------------------|----------|--------------------|-------------------------|-------------------------|--|--------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                              |          |                    |                         |                         | EACH OCCURRENCE  | \$           |
|          |  |                              |          |                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$           |
|          |  |                              |          |                    |                         |                         | MED EXP (Any one person)   | \$           |
|          |  |                              |          |                    |                         |                         | PERSONAL & ADV INJURY  | \$           |
|          |  |                              |          |                    |                         |                         | GENERAL AGGREGATE  | \$           |
|          |  |                              |          |                    |                         |                         | PRODUCTS - COMP/OP AGG   | \$           |
|          |  |                              |          |                    |                         |                         |  | \$           |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY          |                              |          |                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident)  | \$           |
|          |  |                              |          |                    |                         |                         | BODILY INJURY (Per person)   | \$           |
|          |  |                              |          |                    |                         |                         | BODILY INJURY (Per accident)   | \$           |
|          |  |                              |          |                    |                         |                         | PROPERTY DAMAGE (Per accident)   | \$           |
|          |  |                              |          |                    |                         |                         |  | \$           |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |                              |          |                    |                         |                         | EACH OCCURRENCE  | \$           |
|          |  |                              |          |                    |                         |                         | AGGREGATE  | \$           |
|          |  |                              |          |                    |                         |                         |  | \$           |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N <input type="checkbox"/> | N/A      | WC540-00001-020-SZ | 1/1/2020                | 1/1/2021                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |              |
|          |  |                              |          |                    |                         |                         | E.L. EACH ACCIDENT   | \$ 1,000,000 |
|          |  |                              |          |                    |                         |                         | E.L. DISEASE - EA EMPLOYEE   | \$ 1,000,000 |
|          |  |                              |          |                    |                         |                         | 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

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

Rick Leonard

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ACORD 25 (2016/03)

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