

## CERTIFICATE OF LIABILITY INSURANCE

RFP#88

DATE (MM/DD/YYYY) 10/04/2022

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.

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).												
_	DUCER				CONTACT Johnna Perrelli							
	Brenner Inc				PHONE (203) 389-2156 FAX (A/C, No.): (203) 392-2807							
	2 Whalley Avenue				E-MAIL inerrelli@lhbrennerins.com							
''	2 Wilding / Worlds				ADDRESS: JPS11011001100110011001100110011001100110					NAIC#		
Nev	v Haven			CT 06515-1131	INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Casualty Insurance Co					29424		
INSU	RED				INSURER B:							
	Steven G Mednick			ì	INSURER C :							
	142 Temple St FI 2			i i	INSURE	RD:						
	2nd Floor					INSURER E :						
New Haven CT 06510					INSURER F:							
CO		TIFIC	ΔTF	NUMBER: CL221045314				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			SUBR	BR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	EXP YYYY) LIMITS				
=,11	COMMERCIAL GENERAL LIABILITY								s 1,00	0,000		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	s 300,	000		
	CEANVIOLINABLE F 4 OCCOR						-		s 10,0	00		
Α				31SBAPB5896		12/01/2021	12/01/2022		s 1,000,000			
	OFFIN ACCRECATE LIMIT ADDITIES DED:								s 2,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:								s 2,000,000			
	POLICY LOC							111000010 001111701111	s 1,000,000			
	AUTOMOBILE LIABILITY	-			_			COMBINED SINGLE LIMIT	s 1,00	0,000		
	ANY AUTO							(Ea accident)  BODILY INJURY (Per person)	\$			
Α	OWNED SCHEDULED			31SBAPB5896	12/01/20	12/01/2021	12/01/2022		\$			
^	AUTOS ONLY AUTOS NON-OWNED			313BAF B3030		12/01/2021	,	PROPERTY DAMAGE	\$			
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$				
	LUMPRELLALIAN	-										
	UMBRELLA LIAB OCCUR						1		5			
	EXCESS LIAB CLAIMS-MADE								\$			
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$			
	AND EMPLOYERS' LIABILITY Y/N											
ANY PROPRIETOR/PARTNER/EXECUTIVÉ OFFICER/MEMBER EXCLUDED?		N/A							\$			
	(Mandatory in NH) If yes, describe under								\$			
_	DESCRIPTION OF OPERATIONS below	_	-					E.L. DISEASE - POLICY LIMIT	\$			
The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES City of Stamford is listed as additional insure aiver of subrogation applies on the general lia	ed on	a prin	nary and non-contributory bas	sis wher							
CEF	RTIFICATE HOLDER				CANC	ELLATION						
City of Stamford						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
888 Washington Blvd						AUTHORIZED REPRESENTATIVE						
PO Box 10152					7.10							
Stamford CT 06904						Shil A. Ents						

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Dea 10/4/2022





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/03/2022

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.

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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 on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
-	DUCER				CONTACT Mary Poland						
ı	vn & Brown of Connecticut, Inc.				PHONE FAX						
BIOWIT & BIOWIT OF COTTRIBUTION, INC.						(A/C, No, Ext): (A/C, No):  E-MAIL ADDRESS: Mary.Poland@bbrown.com					
55 C	Capital Boulevard, Ste 102				INSURER(S) AFFORDING COVERAGE					NAIC#	
Roc	ky Hill	CT 06067	INSURER A: National Liability & Fire Insurance Company					20052			
INSU	RED				INSURER B :						
	Steven G. Mednick				INSURER C						
142 Temple Street, 2nd Floor						INSURER D :					
					INSURER E :						
	New Haven	CT 06510			INSURER F :						
				NUMBER: PL 2022 POLI				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	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 2,00	0,000	
	CLAIMS-MADE OCCUR						i i	DAMAGE TO RENTED	\$		
	ODAINO-INIDE OCCON						7		s		
Α	LAWYERS PROFESSIONAL LIAB			LP015637		01/01/2022	01/01/2023		s		
	CONTRACTOR							GENERAL AGGREGATE		0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-								\$		
8									\$		
-	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANYAUTO							(Ea accident)  BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED								\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	s		
-	LIMBRE LA LIAR	-						i			
	UMBRELLA LIAB OCCUR								5		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION S WORKERS COMPENSATION							PER OTH-	S		
	AND EMPLOYERS' LIABILITY							STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under		N/A							5		
								E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	TIFICATE HOLDED				CANO	ELI ATION					
City of Stamford						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	888 Washington Boulevard			1	AUTHORIZED REPRESENTATIVE						
Stamford CT 06901						Manfalar.					

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Du (d4/2022