		Client	#: 74 9	963				ANTA	S				
	40	CORD. CERTI	FIC	CA	TE OF LIABI	LIT	Y INSU	JRANC	с Г	•	M/DD/YYYY)		
C B	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.												
IN th	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 People's United Ins. Agency CT							CONTACT NAME: Juliann Pulie PHONE (A/C, No, Ext): 203 338-7933 FAX (A/C, No): 844-503-0878						
850 Main Street						E-MAIL ADDRESS: Juliann.Pulie@Peoples.com							
Bridgeport, CT 06604						INSURER(S) AFFORDING COVERAGE					NAIC #		
203 338-7900							INSURER A : National Fire Insurance Co of H						
INSU	RED	Antinozzi Associates, PC									20443 35289		
271 Fairfield Avenue													
		Bridgeport, CT 06604											
							INSURER E :						
co	VER.	AGES CERT	IFICA	TE	NUMBER:	REVISION NUMBER:							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AN INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT W CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									CUMENT WITH RESPECT	то wh	ICH THIS		
INSR LTR		I YPE OF INSURANCE	ADDL SI		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s			
Α	Х	COMMERCIAL GENERAL LIABILITY			6011951636		01/30/2016	01/30/2017	EACH OCCURRENCE	\$1,00	0,000		
		CLAIMS-MADE X OCCUR						-	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,			
								-	MED EXP (Any one person)	\$10,0			
	GEN	J'L AGGREGATE LIMIT APPLIES PER:						-	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$1,00 \$2,00			
	X	POLICY PRO- JECT LOC						-	PRODUCTS - COMP/OP AGG	\$2,00	,		
	~	OTHER:						-		\$	0,000		
Α		OMOBILE LIABILITY			6011938840		01/30/2016	01/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,00	0,000		
	Х	ALL OWNED SCHEDULED						-	BODILY INJURY (Per person) BODILY INJURY (Per accident)				
	X	AUTOS AUTOS NON-OWNED AUTOS X AUTOS						-	PROPERTY DAMAGE (Per accident)	\$			
ſ	~									\$			
В	X	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			5088089509		01/30/2016	01/30/2017	EACH OCCURRENCE AGGREGATE	\$5,00 \$5,00			
С	AND ANY OFF	DED X RETENTION \$10000 RKERS COMPENSATION Y/N PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? Y/N N N	N / A		6011951703		01/30/2016	01/30/2017	X PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$ 500 ,			
	If yes	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$500,			
										1 + 7			
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101, Additional Remarks Schedu	ile, may	be attached if mo	ore space is requi	red)				
CERTIFICATE HOLDER							CANCELLATION						
Evidence						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

UTHORIZED	REPRESENTATIVE	

Peoples United Theorane Agency

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