FIRST NATIONAL FINANCIAL SVCS/PHS 301 WOODS PARK DRIVE CLINTON NY 13323

> AT & T Its Affiliates, Officers, Directors and Employees 175 E HOUSTON ST SAN ANTONIO TX 78205

ACORD [®] CERTIF		E OF LIABI	LITY INSU	JRANCE	LMC R001	DATE (MM/DD/YYYY) 4/8/2015		
THIS CERTIFICATEIS ISSUED AS A MA CERTIFICATE DOES NOT AFFIRMATIVE BELOW. THIS CERTIFICATE OF INSUR REPRESENTATIVE OR PRODUCER, A IMPORTANT: If the certificate holder is terms and conditions of the policy, cert certificate holder in lieu of such endors	ELY OR NE ANCE DOE ND THE C an ADDITIC ain policies	GATIVELY AMEND, E ES NOT CONSTITUTE ERTIFICATE HOLDE DNAL INSURED, the p	EXTEND OR ALTER A CONTRACT BET R. policy(ies) must be	THE COVERAG	E AFFORDED BY THE F JING INSURER(S), AUT BROGATIONIS WAIVED	POLICIES HORIZED 9, subject to the		
PRODUCER	ement(s).		CONTACT					
FIRST NATIONAL FINANCIAI		PHS	NAME: PHONE (A/C, No, Ext): (866)	467-8730	FAX (A/C, No): (88	3) 443-6112		
427533 P:(866) 467-8730			E-MAIL ADDRESS:	407 0750	(100,110). (000	o, 110 0112		
301 WOODS PARK DRIVE			INSURER(S) AFFORDING COVERAGE NAIC#					
CLINTON NY 13323			INSURERA: Hartford Ins Co of the Midwest			37478		
INSURED			INSURER B :					
THE DIRECTIVE GROUP LLC. TELECOMGIANT			INSURER C :					
INC.			INSURER D :					
344 OLD NEW YORK RD			INSURER E :					
PORT REPUBLIC NJ 08241					INSURER F :			
COVERAGES CEF	RTIFICATE	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 TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI			
A X General Liab	X X	39 SBA NV5574	03/20/2015	03/20/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$2,000,000 \$300,000 \$10,000 \$2,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC OTHER:					GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$4,000,000 \$4,000,000 \$		
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X AUTOS AU		39 SBA NV5574	03/20/2015	03/20/2016	(Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$2,000,000 \$ \$ \$ \$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	ŝ		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	÷		
						s		
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below:	N/ A				PER STATUTE OTH- ER E.L. EACH ACCIDENT E.L. DISEASE- EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$		
DESCRIPTION OF OPERATIONS below						1		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (J	ACORD 101, Ad	ditional Remarks Schedule. ma	ay be attached if more space	e is required)				
Those usual to the Insur Additional Insured per t to this policy. Business certificate holder per F policy. CERTIFICATE HOLDER	he Bus Liabi	iness Liabil lity Waiver 1215, Waiver	ity Coverag of Subrogat of Subroga CANCELLATION	e Form SS ion applic tion, atta	0008, attached es to the ached to this			
AT & T		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE						
Its Affiliates, Officers Directors and Employees	DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE							

AT & T
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Directors and Employees
175 E HOUSTON ST
SAN ANTONIO, TX 78205

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