

CERTIFICATE OF LIABILITY INSURANCE

GATEBUI-01 SWILLIAMS
DATE (MM/DD/YYYY)

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| | CERTIFICATE OF LIABILITT INSORANCE | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|----------------------------------|----------------------------------------------------------|-------------|---------------------|--|
| THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A | IVELY (SURANC | OR NEGATIVELY AMEND, CE DOES NOT CONSTITU | , EXTEND OR | ALTER THE C | OVERAGE AFFORDED | BY TH | IE POLICIES | |
| IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endors | y, certai | n policies may require an e | | | | | | |
| PRODUCER License # BR-981267 Lawley-Vivacqua-Scheff, LLC 501 John James Audubon Parkway Suite 302 | CONTACT NAME: PHONE (A/C, No, Ext): 1 (7 E-MAIL ADDRESS: | 6) 849-8291 | | | | | | |
| Amherst, NY 14228 | | | | NAIC # | | | | |
| INSURED | | | INSURER A : Mt. I | 37974 | | | | |
| | | | INSURER B : | | | | | |
| Gateway Builders Construct 142 22nd Street | tion Inc. | | INSURER C : INSURER D : | | | | | |
| Brooklyn, NY 11232 | | | INSURER E : | | | | | |
| | | | INSURER F : | | | | | |
| | - | TE NUMBER: | | | REVISION NUMBER: | | | |
| THIS IS TO CERTIFY THAT THE POLICII INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUIRE PERTAI | MENT, TERM OR CONDITION N, THE INSURANCE AFFOR | N OF ANY CONT DED BY THE PC | RACT OR OTHE | ER DOCUMENT WITH RESP BED HEREIN IS SUBJECT | PECT TO | WHICH THIS | |
| INSR LTR TYPE OF INSURANCE | ADDL SUI | | POLICY E (MM/DD/YY | FF POLICY EXP YY) (MM/DD/YYYY |) LIM | ITS | | |
| A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR | | MGL0179717 | 04/23/20 | 15 04/23/2016 | FICEINISES (La Occurrence) | \$ \$ | 1,000,000 50,000 | |
| | | | | | MED EXP (Any one person) | \$ | 1,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY GENERAL AGGREGATE | \$ | 2,000,000 | |
| POLICY X PRO- JECT LOC X OTHER: \$5,000 each claim ded | | | | | PRODUCTS - COMP/OP AGG | - | 1,000,000 | |
| | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| ANY AUTO ALL OWNED SCHEDULED | | | | | BODILY INJURY (Per person) | _ | | |
| AUTOS AUTOS NON-OWNED | | | | | BODILY INJURY (Per accident PROPERTY DAMAGE | t) \$ \$ | | |
| HIRED AUTOS AÚTOS | | | | | (Per accident) | \$ | | |
| X UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | \$ | 5,000,000 | |
| A EXCESS LIAB CLAIMS-MADE | | MXL0422032 | 04/23/20 | 15 04/23/2016 | AGGREGATE | \$ | 5,000,000 | |
| DED X RETENTION \$ 10,000 | | | | | | \$ | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | PER OTH- STATUTE ER | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N / A | | | | E.L. EACH ACCIDENT | \$ | | |
| (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT | | | |
| DESCRIPTION OF OPERATIONS below | | | | | | ψ | | |
| | | | | | | | | |
| | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (ACO | RD 101, Additional Remarks Schedu | lle, may be attached i | more space is requ | iired) | | | |
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| CERTIFICATE HOLDER | CANCELLATION | | | | | | | |
| SAMPLE | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | |
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