

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)			
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.							
	Stand Holy							

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