

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/3/2023

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.

lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subje is certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain ¡	policies may				
PRO	DUCER				CONTA NAME:	^{с⊤} Valerie S	Shara				
Mirabito-Gresham Insurance & Bonds Agency, LLC						PHONE (A/C, No, Ext): (607) 217-4610 102 FAX (A/C, No): (607) 2					237-0279
423 Commerce Road, Suite 2 Vestal, NY 13850					E-MAIL ADDRESS: service@mirabitogresham.com						
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
						INSURER A : Utica National Assurance Company					10687
INSURED						INSURER B : Sentinel Insurance Company, Ltd					11000
Griffiths Engineering LLC						INSURER C: Twin City Fire Insurance Co					29459
13 S. Washington Street					INSURER D : ShelterPoint Life Insurance						
Binghamton, NY 13903-1709					INSURER E :						
					INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:					
IN CE	IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUII PERT POLIC	REMI FAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH SED HEREIN IS SUB	RESPE	CT TO O ALL	WHICH THIS
A	TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS	2,000,000	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED		\$	50,000
	CLAIMS-MADE OCCUR			4683473		9/23/2022	9/23/2023	PREMISES (Ea occurrence)		\$	
								MED EXP (Any one per	rson)	\$	10,000
								PERSONAL & ADV INJ	IURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT	ΤE	\$	4,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/O	P AGG	\$	4,000,000
	OTHER:									\$	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LI	IMIT	\$	1,000,000
	ANY AUTO 01UECVG2150			9/23/2022	9/23/2023	BODILY INJURY (Per p	er person) \$				
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per a	accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

D576696

01 WEC DU1601

CERTIFICATE HOLDER	CANCELLATION						
Grey Goose Graphics 633 Valleyview Drive Endwell, NY 13760	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Litawell, NT 13700	AUTHORIZED REPRESENTATIVE Affry A. buha-						

9/23/2022

1/1/2023

9/23/2023

12/31/2023

UMBRELLA LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

RETENTION \$

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

DED

D DBL & Paid Family

OCCUR

CLAIMS-MADE

N/A

EACH OCCURRENCE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$

E.L. DISEASE - POLICY LIMIT

OTH-ER

1,000,000

1,000,000

1,000,000

AGGREGATE

X PER STATUTE