

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/18/2019

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 DEPORTS OF PRODUCED, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must have ADDITIONAL INSURED provisions or be endorsed.

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy certain policies may require an endorsement. A statement on

	s certificate does not confer rights to	, tile	outiliouse floract ill flea of Su	CONTACT				
				PHONE (A/C, No, Ext):		FAX (A/C, No):		
				(A/C, No, Ext): E-MAIL ADDRESS:		[(A/C, No):		
			4	MATERIAL STATE OF THE STATE OF				NAIC#
				INSURER A:				NAIC#
INSURED				INSURER B:				i
			8	INSURER C:				
				INSURER D:				
				INSURER E :				
				INSURER F :	_			Ī
cov	ERAGES CERT	TIFIC.	ATE NUMBER:	REVISION NUMBER:				
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES OF DICATED. NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PER CLUSIONS AND CONDITIONS OF SUCH PO	JIREM TAIN, OLICII	MENT, TERM OR CONDITION OF A THE INSURANCE AFFORDED BY ES. LIMITS SHOWN MAY HAVE BE	NY CONTRACT OF OT THE POLICIES DES EN REDUCED BY PA	THER CUMI PIP HEREIN CLAIMS.	ED ABOVE FOR THE POLICY ENT WITH RESPECT TO WHI US SUBJECT TO ALL THE TE	ICH THIS	
INSR LTR	TYPE OF INSURANCE	INSD	WVD POLICY NUMBER	POLICY EFF MM/DD/YYYY)	(M. TCY	LIMITS	3	
- 2	X COMMERCIAL GENERAL LIABILITY						\$	1,000,000
3	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$	1,000,000
						MED EXP (Any one person)	\$	5,000
Α		Y		01/04/2019	01/04/2020	PERSONAL & ADV INJURY	\$	1,000,000
3	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
3	POLICY PRO- JECT LOC			>			\$	2,000,000
	OTHER:					ASSESSED TO THE PARTY OF THE PA	\$	
	AUTOMOBILE LIABILITY					(Ea accident)	\$	
ě	ANY AUTO OWNED SCHEDULED						\$	
3	AUTOS ONLY AUTOS NON-OWN						\$	
	AUTOS ONLY AUTOS O AY					(Per accident)	\$	
							\$	
	UMBRELLA LIAB OCCU.					EACH OCCURRENCE S	\$	
ę	EXCESS LIAB CLAIMS-MADE						\$	
_	DED RETENTION \$ WORKERS COMPENSATION					L	\$	
	AND EMPLOYERS' LIABILITY Y/N					Terror Alexander and a service and	ent)	100,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under			03/14/2019	03/14/2020	E.L. EACH ACCIDENT	S	100,000
						E.L. DISEASE - EA EMPLOYEE S	\$	500,000
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	100,000
	Professional Liability	27/4		02/14/2010	02/14/2020	Each Claim		\$1,000,000
С	•	N/A		03/14/2019	03/14/2020	Each Aggregate		\$1,000,000
S	RIPTION OF OPERATIONS / LOCATIONS / VEHIC State of Connecticut, Office In Additional Insured				S4 83	0.00	is liste	ed as
CER	TIFICATE HOLDER			CANCELLATION				
CER				CANCELLATION				
Office of the Probate Court Administrator Hon. Beverly Streit-Kefalas 186 Newington Rd. West Hartford, CT 06110				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE				