

**SAMPLE**

<b>ACORD</b>	<b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE: (MM/DD/YY)
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PRODUCER  <p align="center"><b>Insurance Company's Name</b></p>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <p align="center"><b>COMPANIES AFFORDING COVERAGE</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY <b>A</b></td> <td>Insurance Company A</td> </tr> <tr> <td>COMPANY <b>B</b></td> <td>Insurance Company B</td> </tr> <tr> <td>COMPANY <b>C</b></td> <td>Insurance Company C</td> </tr> <tr> <td>COMPANY <b>D</b></td> <td>Insurance Company D</td> </tr> </table>	COMPANY <b>A</b>	Insurance Company A	COMPANY <b>B</b>	Insurance Company B	COMPANY <b>C</b>	Insurance Company C	COMPANY <b>D</b>	Insurance Company D
COMPANY <b>A</b>	Insurance Company A								
COMPANY <b>B</b>	Insurance Company B								
COMPANY <b>C</b>	Insurance Company C								
COMPANY <b>D</b>	Insurance Company D								
INSURED  <p align="center"><b>Contractor's Name</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">COMPANY <b>B</b></td> <td>Insurance Company B</td> </tr> <tr> <td>COMPANY <b>C</b></td> <td>Insurance Company C</td> </tr> <tr> <td>COMPANY <b>D</b></td> <td>Insurance Company D</td> </tr> </table>	COMPANY <b>B</b>	Insurance Company B	COMPANY <b>C</b>	Insurance Company C	COMPANY <b>D</b>	Insurance Company D		
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COMPANY <b>C</b>	Insurance Company C								
COMPANY <b>D</b>	Insurance Company D								

**COVERAGES**

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.

CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTORS PROT <input checked="" type="checkbox"/> <b>Contractual</b>	Add Policy Number	Add	Add	GENERAL AGGREGATE	\$2,000,000.00
					PRODUCTS COMP/OP AGG	\$2,000,000.00
					PERSONAL & ADV INJURY	\$1,000,000.00
					EACH OCCURENCE	\$1,000,000.00
					FIRE DAMAGE (Any one fire)	\$300,000.00
					MED EXP (Any one person)	\$10,000.00
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Add Policy Number	Add	Add	COMBINED SINGLE LIMIT	\$1,000,000.00
					BODILY INJURY (Per Person)	\$
					BODILY INJURY (Per Person)	\$
					PROPERTY DAMAGE	\$
	<b>LIQUOR LIABILITY</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				GENERAL AGGREGATE	
					EACH OCCURENCE	
						\$
						\$
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Add Policy Number	Add	Add	EACH OCCURENCE	\$10,000,000.00
					AGGREGATE	\$10,000,000.00
						\$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>  THE PROPRIETOR/ PARTNERS/EXEC. <input type="checkbox"/> INCL OFFICERS ARE: <input type="checkbox"/> EXCL	Add Policy Number	Add	Add	WC STATUTORY LIMITS	\$
					EL ACCIDENT	\$1,000,000.00
					EL DISEASE - POLICY LIMIT	\$1,000,000.00
					EL DISEASE - EMPLOYEE	\$1,000,000.00

**OTHER**

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:**

ALL OPERATIONS OF INSURED AND LOCATIONS AS PER AGREEMENT ON BEHALF OF RECTOR, CHURCHWARDENS AND VESTRYMEN OF TRINITY CHURCH IN THE CITY OF NEW YORK, PTC CORPORATION, GRAND VARICK CORP., 160/170 VARICK STREET CONDOMINIUM AND THE TRUST FOR CULTURAL RESOURCES IN THE CITY OF NEW YORK WHICH ARE INCLUDED AS ADDITIONAL INSURED. THIS GENERAL LIABILITY INSURANCE IS PRIMARY TO ANY INSURANCE MAINTAINED BY THE PARISH OF TRINITY CHURCH WHICH INSURANCE IS SPECIFICALLY EXCESS AND NON-CONTRIBUTORY TO CONTRACTOR'S COVERAGE.

<b>CERTIFICATE HOLDER:</b>  The Rector, Church-Wardens and Vestrymen of Trinity Church in the City of New York 75 Varick Street-2nd floor New York, New York 10013	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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