

CERTIFICATE OF LIABILITY INSURANCE

JMURSZEWSKI

DATE (MM/DD/YYYY)

FOREEDG-01

					CL	3/	8/2024
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.							
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subjet this certificate does not confer rights	ect to the	he terms and conditions of	the policy, certain	policies may			
PRODUCER License # 1009544			CONTACT Jamie M	urszewski			
Lawley Real Estate Insurance Services	PHONE (A/C, No, Ext): (716) 636-5827 5827 FAX (A/C, No): (716) 8				49-8291		
361 Délaware Avenue Buffalo, NY 14202			E-MAIL ADDRESS: jmursze	wski@lawle	yinsurance.com		
			INSURER(S) AFFORDING COVERAGE				NAIC #
	INSURER A : American Alternative Ins Corp				19720		
INSURED	INSURER B Greenwich Insurance Company				22322		
Forest Edge Cluster Assoc	INSURER C :						
PO Box 895 Getzville, NY 14068			INSURER D :				
			INSURER E :				
			INSURER F :				
COVERAGES CEF	REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICI	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	/ PERTA I POLICIE	AIN, THE INSURANCE AFFORI	DED BY THE POLIC BEEN REDUCED BY	IES DESCRIE PAID CLAIMS	ED HEREIN IS SUBJECT		
INSR LTR TYPE OF INSURANCE	ADDL SU	UBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
A X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		CAU529973-1	12/1/2023	12/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	1,000,000 1,000,000
X EPLI					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	1,000,000
					PRODUCTS - COMP/OP AGG	\$	1,000,000
OTHER:						\$	
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO		CAU529973-1	12/1/2023	12/1/2024	BODILY INJURY (Per person)	\$	
OWNED AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident)	\$	
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
B X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
EXCESS LIAB CLAIMS-MADE	=	PPP7454064	12/1/2023	12/1/2024	AGGREGATE	\$	5,000,000
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEI	\$	
DESCRIPTION OF OPERATIONS below	+				E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	ORD 101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)		
	CANCELLATION	CANCELLATION					
FOR INFORMATION ONLY			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

ACORD 25 (2016/03)

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