



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2022

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 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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT Kristen D. Kane				
PHONE (A/C, No, Ext): (860) 430-3258 FAX (A/C, No):				
E-MAIL ADDRESS: kkane@SmithBrothersUSA.com				
INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURER A : Continental Casualty Company	20443			
INSURER B: National Fire Ins Co of Htfd	20478			
INSURER C: American Casualty Company Of Reading PA	20427			
INSURER D : XL Specialty Insurance Co	37885			
INSURER E:				
INSURER F:				
	INSURER B: National Fire Ins Co of Htfd INSURER C: American Casualty Company Of Reading PA INSURER C: American Casualty Company Of Reading PA INSURER D: XL Specialty Insurance Co INSURER E:			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	'S	
Α	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,,	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE X OCCUR	Χ	Х	7013627512	1/30/2022	1/30/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	X ANY AUTO	Χ	X	7018342463	1/30/2022	1/30/2023	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 5,000,000	
	EXCESS LIAB CLAIMS-MADE		X	7013627526	1/30/2022	1/30/2023	AGGREGATE	\$ 5,000,000	
	DED X RETENTION \$ 10,000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	NI / A	N/A	X	7018342477	1/30/2022	1/30/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Professional Liab		X	DPR9984382	10/9/2021	10/9/2022	Each Claim	3,000,000	
D	Retro Date:8/1/1956			DPR9984382	10/9/2021	10/9/2022	Aggregate	5,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR PROFESSIONAL LIABILITY COVERAGE, THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR CLAIMS PRESENTED WITHIN THE
POLICY PERIOD FOR ALL OPERATIONS OF THE INSURED. THIS LIMIT WILL BE REDUCED BY PAYMENTS OF CLAIMS AND EXPENSES. THIS INSURANCE IS
NOT FOR A SPECIFIC PROJECT.

Re: RFP #860, Professional Architectural / Engineering Services for Renovations to the Science Wing of Stamford High School.
City of Stamford, Board of Education and their employees, agents and officers are included as additional insureds as respects to General Liability and Automobile Liability per policy forms.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
City of Stamford 888 Washington Boulevard Stamford, CT 06901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Stamord, OT 00301	AUTHORIZED REPRESENTATIVE
	Partifie M. Konnectify

LOC #: 1



Mith Brothers Insurance, LLC. OLICY NUMBER EE PAGE 1 ARRIER Antinozzi Associates, P.C. 271 Fairfield Avenue Bridgeport, CT 06604	ADDIT	IUNAL KEMA	ARNS SCHEDULE Page 1 of
EE PAGE 1 ADDITIONAL REMARKS CHIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, CORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance Description of Operations/Locations/Vehicles: Completed Operations coverage is included for General Liability per policy forms. City of Stamford, Board of Education and their employees, agents and officers are included under Waiver of Subrogation as respective Date: SEE PAGE 1 EFFECTIVE DATE: SEE PAGE 1 EFFECTIVE DATE: SEE PAGE 1 EFFECTIVE DATE: SEE PAGE 1	AGENCY Smith Brothers Insurance, LLC.		NAMED INSURED Antinozzi Associates, P.C. 271 Fairfield Avenue
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