Client#: 48018

ACORD.

AKRFCONS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/17/2020

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 any rights to the certificate holder in lieu of such

PRODUCER Greyling Ins. Brokerage/EPIC 3780 Mansell Road, Suite 370 Alpharetta, GA 30022		CONTACT Nicole Larsen	FAX (A/C, No): 866-5	550-4082
INSURED AKRF, Inc.; AKRF Engineering, PC;		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A : Allied World Assurance Company (U.S	3.)	19489
		INSURER B : Continental Casualty Company	-	20443
AKRF Consulting Services, Inc. 440 Park Avenue S, Floor 7		INSURER C: National Fire Insurance Co of Hartford		20478
		INSURER D:		
New York, NY 10016		INSURER E :		
		INSURER F:		
COVERAGES CERTIFICATE NUMBER:	20-21	REVISION NUME	BER:	

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 LTR ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER X COMMERCIAL GENERAL LIABILITY Α 03107313 05/31/2020 05/31/2021 EACH OCCURRENCE s 1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) s 500,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY s 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$2,000,000 POLICY X PRO-LOC PRODUCTS - COMP/OP AGG \$2,000,000 OTHER C **AUTOMOBILE LIABILITY** 6046392647 05/31/2020 05/31/2021 COMBINED SINGLE LIMIT (Ea accident) s1,000,000 ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ HIRED AUTOS ONLY X PROPERTY DAMAGE (Per accident) AUTOS ONLY S X UMBRELLA LIAB A X OCCUR 03107319 05/31/2020 05/31/2021 EACH OCCURRENCE \$5,000,000 EXCESS LIAB CLAIMS-MADE AGGREGATE \$5,000,000 DED X RETENTION \$10,000

05/31/2020 05/31/2021 X PER STATUTE

05/31/2020 05/31/2021

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: RFQ No. 792; Broad Street Corridor Safety Improvements Design.

03107313

The City of Stamford, it Officers, Agents and Employees are named as Additional Insureds on the above referenced liability policies with the exception of workers compensation & professional liability where required by written contract. Waiver of Subrogation in favor of Additional Insured(s) where required by written contract & allowed by law.

6046271570 (AOS)

6046392664 (CA)

(See Attached Descriptions)

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

(Mandatory in NH)

& Pollution

Liability

Professional Liab

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

N N/A

B

Α

CERTIFICATE HOLDER	CANCELLATION
City of Stamford 888 Washington Boulevard Stamford, CT 06904	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
	DAN. Cling

© 1988-2015 ACORD CORPORATION. All rights reserved.

OTH-

E.L. DISEASE - POLICY LIMIT \$1.000.000

s1,000,000

E.L. EACH ACCIDENT

Per Claim \$1,000.000

Aggregate \$2,000,000

05/31/2020 05/31/2021 E.L. DISEASE - EA EMPLOYEE \$1,000,000

Alle 12/16/20

	DESCRIPTIONS (Continued from Page 1)
Should any of the above describe thereof, we will endeavor to provi the Certificate Holder.	ed policies be cancelled by the issuing insurer before the expiration date ide 30 days' written notice (except 10 days for nonpayment of premium) to
AGITTA 25.3 (2016)(02) 2 25.2	