

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

his certificate does not confer rights to the certificate holder in lieu of spaces.	CONTACT CONT
	NAME: PHONE (AC No. Extr.
Name of your insurance Agent	(A/C, No. Ext): (A/C, No):
	ADDRESS: rccello@aemazika.com
	INSURER(S) AFFORDING COVERAGE NAIC
	INSURER A . T
URED	INSURER 8 :
ame of your company and address	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F:
VERAGES CERTIFICATE NUMBER: CL21330 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE	
NOICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF SERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE I	ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS IT THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
ADOLISUBRI	T POLICY EFF T POLICY EXP T
TYPE OF INSURANCE IMSD WYD POLICY NUMBER COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE 3
CLAIMS-MADE X OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) 5
	MED EXP (Any one person) \$
	PERSONAL & ADV INJURY \$
GENLAGGREGATE LIMIT APPLIES PER:	GENERAL AGGREGATE \$
POLICY LICT LOC	PRODUCTS - COMP/OP AGG 5
OTHER:	CBRFX \$ COMBINED SINGLE LIMIT
AUTOMOBILE LIABILITY	(Ea accident)
ANY AUTO OWNED SCHEDULED	BODILY (NJURY (Per person) \$
AUTOS ONLY AUTOS HIPED NON-OWNED	BOOILY INJURY (Per accident) 5 PROPERTY DAMAGE 8
AUTOS ONLY AUTOS ONLY	(Per accident)
	Uninsured motorist security
UMBRELLA LIAB OCCUR	EACH OCCURRENCE S
EXCESS LIAB CLAIMS-MADE	AGGREDATE \$
DED RETENTION S	I PER OTH-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	STATUTE ER
ANY PROPRIETOR PARTNER/EXECUTIVE N/A	EL EACH ACCIDENT 5
(Mandatory in NH)	EL DISEASE - EA EMPLOYEE \$
DÉSCRIPTION OF OPERATIONS below	EL DISEASE - POLICY LIMIT \$
CRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Scholar Providence Named As Additional Insured on Those Vendoriver of Subrogation	
dditionally Insured Language required	
RTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
CITY OF PROVIDENCE 25 DORRANCE ST	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN