A	ACORD CERTI	FICATE OF LIAI	BILITY II	NSURAN	ICE	DATE (MM/DD/YY) 12/10/2003	
PRODUCER Insurance Agent Name and Address				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATI ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICA HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND ALTER THE COVERAGE AFFORDED BY THE POLICIES BELO			
Tel	#			INSURERS	AFFORDING COVERAG	E	
	"ERED		INCLIDED A: Inc	INSURER A: Insurance Company			
Vous Vandara/Contractors Name				INSURER B: Insurance Company			
	Address						
City, State, Zip			INSURER D:	INSURER D:			
CO	VERAGES						
AN MA	Y REQUIREMENT, TERM OR CON Y PERTAIN, THE INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO THE DITION OF ANY CONTRACT OR OTHE PRICES DESCRIBED MAY HAVE BEEN REDUCED BY PAID CI	ER DOCUMENT WIT HEREIN IS SUBJE	H RESPECT TO WE	HICH THIS CERTIFICATE N	MAY BE ISSUED OR	
ISR TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	S	
A	GENERAL LIABILITY	123456789	01/01/03	01/01/04	EACH OCCURRENCE	\$1,000,000	
-	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$100,000	
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000	
					PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000	
A	POLICY PROJECT LOC AUTOMOBILE LIABILITY ANY AUTO	234567891	01/01/03	01/01/04	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ALL OWNED AUTOS SCHEDULED AUTOS	<			BODILY INJURY (Per person)	\$	
	X HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN AUTO ONLY:	\$	
В	EXCESS LIABILITY	345678912	01/01/03	01/01/04	EACH OCCURRENCE	\$ \$5,000,000	
	X OCCUR CLAIMS MADE	3430/0512	01/01/03	01/01/04	AGGREGATE	\$5,000,000 \$5,000,000 \$	
	DEDUCTIBLE RETENTION \$10,000					\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	456789123	01/01/03	01/01/04	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT	\$100,000	
					E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		
Α	THER Liquor 123456789 01.		01/01/03	01/01/04	\$1,000,000 per Occurren \$1,000,000 Aggregate		
		HICLES/EXCLUSIONS ADDED BY ENDORSEN ficate Holder is included as Add					
CERTIFICATE HOLDER ADDITIONAL INSURED; INSURER LETTER:				CANCELLATION			
Bedford Historical Society PO Box 491 Bedford, NY 10506			DATE THEREOF, NOTICE TO THE (IM POSE NO OB)	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30			
			REPRESENTATI				

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.