

**ACORD™**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**5/14/2013**

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 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).**

<b>PRODUCER</b> <b>Intercity Agency, Inc.</b> <b>42-40 Bell Blvd. Ste 103</b> <b>Bayside, NY 11361</b> <b>718 279-7700</b>	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 718 279-7700</td> <td><b>FAX (A/C, No):</b> 718-631-0067</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td><b>INSURER(S) AFFORDING COVERAGE</b></td> <td><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A :</b> Hartford Insurance Group</td> <td></td> </tr> <tr> <td><b>INSURER B :</b> Hartford Fire Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No, Ext):</b> 718 279-7700	<b>FAX (A/C, No):</b> 718-631-0067	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b> Hartford Insurance Group		<b>INSURER B :</b> Hartford Fire Insurance Company		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURED</b>  <b>Work Market, Inc.</b> <b>20 West 20th Street, Suite 402</b> <b>New York, NY 10011</b>	<table border="1"> <tr> <td><b>INSURER B :</b> Hartford Fire Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER B :</b> Hartford Fire Insurance Company		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>											
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## 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			10SBAPB0352	04/12/13	04/12/14	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$10,000
	<input type="checkbox"/>						PERSONAL & ADV INJURY	\$1,000,000
	<input type="checkbox"/>						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	A	AUTOMOBILE LIABILITY						10SBAPB0352
<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$			
<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/>	SCHEDULED AUTOS	BODILY INJURY (Per accident)	\$			
<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/>	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$			
<input type="checkbox"/>		<input type="checkbox"/>			\$			
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/>	OCCUR	10SBAPB0352	04/12/13	04/12/14	EACH OCCURRENCE	\$10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A					
B	Professional Liability			00TE026932713	04/12/13	04/12/14	E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
							\$1,000,000 aggregate	\$1,000,000 each glitch

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
1	<p>On 08/25/2017, the insured was involved in a collision with a 2015 Ford Focus, driven by [REDACTED], at the intersection of [REDACTED] and [REDACTED] in [REDACTED]. The insured's vehicle sustained damage to the front end, including the hood, bumper, and front left quarter panel. The other vehicle sustained damage to the rear end, including the bumper and trunk. The collision was caused by the insured's failure to maintain a safe following distance from the vehicle in front of them.</p>

**Certificate Holder named as Additional Insured as per work being performed/project, subject to policy terms and conditions.**

**CERTIFICATE HOLDER**

## CANCELLATION

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p>
<p><b>Work Market, Inc.</b> <b>20 West 20th Street, Suite 402</b> <b>New York, NY 10011</b></p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p>XX</p>