

## 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 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).

certificate noider in lieu of such endorsement(s).																	
PRODUCER SAMPLE					CONTACT NAME: PHONE [A/C, No, Ext]: E-MAIL 4A/C, No):												
										INSURED							
															INSURER(S) AFFORDING COVERAGE		
INSURER A:																	
Contractor					INSURER B:												
Main Street				INSURER C:													
Anytown, USA				INSURER D:													
(000) 555-1212				INSURER E :													
					INSURER F:												
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 :	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS										
GENERAL LIABILITY	T						EACH OCCURRENCE \$ 1.0	00,000.00									
COMMERCIAL GENERAL LIABILITY	ļ,						DAMAGE TO RENTED	0,000.00									
CLAIMS-MADE X OCCUR	ļ							00.00									
								00,000.00									
			* *					00,000.00									
GEN'L AGGREGATE LIMIT APPLIES PER:																	
POLICY PRO- LOC						ŀ	\$ 1,0	00.000.00									
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	00 000 00									
	J					ŀ		00.000.00 00.000.00									
ALL OWNED SCHEDULED							.,,	00,000.00									
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE &	00,000.00									
HIRED AUTOS AUTOS							(Per accident)										
							\$										
UMBRELLA LIAB X OCCUR						}		00,000.00									
X EXCESS LIAB CLAIMS-MADE							AGGREGATE \$ 5,0	00,000.00									
DED RETENTION\$							\$										
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  Y/N							X WC STATU- TORY LIMITS OTH- ER										
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A						ļ	E.L. EACH ACCIDENT \$ 500	0,000.00									
(Mandatory in NH)						_	E.L. DISEASE - EA EMPLOYEE \$ 500	,000.00									
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500	,000.00									
				1													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Genesee Management, Inc., Wilmorite Inc., Wilmorite Management Group, LLC, Wilmorite Construction, LLC, Wilmorite Security, LLC and all its affiliates are included as additional insureds as their interests may appear on a primary non-contributory basis.																	
OFFICIATE HALDED					CANCELLATION												
CERTIFICATE HOLDER					CANCELLATION												
Genesee Management, Inc. 1265 Scottsville Road Rochester, NY 14624				THE	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													