



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/29/2021

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).

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PRODUCER	Camilana III C	CONTACT NAME: Linda Reilly	
Fairfield County Bank Insurance 401 Main Street Ridgefield CT 06877	Services, LLC	PHONE (A/C, No, Ext): 203-894-3145	FAX (A/C, No): 203-431-8789
		E-MAIL ADDRESS: linda.reilly@fcbins.com	
		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: Continental Casualty Company	20443
INSURED Kerin & Fazio, LLC Municipal Valuation Services, LL 23 Sherman St, Ste 201 Fairfield CT 06824	KERI&FA-01	ınsurer в : Continental Insurance Company	35289
	C	INSURER C: Hiscox Insurance Company, Inc.	10200
		INSURER D:	
		INSURER E:	
		INSURER F:	
COVERACES	CERTIFICATE NUMBER, 4000070045	DEVICION NUM	ADED.

CERTIFICATE NUMBER: 1023070045 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.

TYPE OF INSURANCE	INSD	SUBR		POLICY EFF	POLICY EXP		
V COMMEDCIAL CENERAL LIABILITY		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
7.	Y	Υ	6074603253	4/5/2021	4/5/2022	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 300.000
CLAIMS-WADE [7] OCCOR						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:							\$
AUTOMOBILE LIABILITY			6074603253	4/5/2021	4/5/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
ANY AUTO						BODILY INJURY (Per person)	\$
AUTOS ONLY AUTOS							\$
X HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							\$
X UMBRELLA LIAB X OCCUR			6074603267	4/5/2021	4/5/2022	EACH OCCURRENCE	\$5,000,000
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
DED X RETENTION \$ 10,000							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	6076446711	4/5/2021	4/5/2022	X PER OTH- STATUTE ER	
ANYPROPRIETOR/PARTNER/EXECUTIVE TY N						E.L. EACH ACCIDENT	\$ 500,000
(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
Errors & Omissions			MPL409105521	4/5/2021	4/5/2022	Each Claim Aggregate Retention	2,000,000 2,000,000 10,000
	X POLICY PROJECT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB EXCESS LIAB DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X AUTOS ONLY X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION\$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRODUCT LOC OTHER: AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE N N/A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY DECT LOC	CLAIMS-MADE A OCCUR PREMISES (Ea occurrence)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Blanket GL by written contract form #SB146932F 0616: Al; Primary Non-Contributory for Al; Waiver of Subrogation.
Blanket WC by written contract form #WC000313 0484: Waiver of Subrogation.
21/22. Project: RFP No. 809 - Citywide Property Revaluation for 10/1/22. The City of Stamford, its officers, agents, and employees are additional insured with a waiver of subrogation under general liability to the extent covered by form #SB146932F 0616 and a waiver of subrogation under workers compensation to the extent covered by form #WC000313 0484.

CERTIFICATE HOLDER	CANCELLATION
City of Stamford	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
888 Washington Boulevard Stamford CT 06904-2152	Mark R Comely

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David Villalva