

# **EXHIBIT D**

**(APPROVED INSURANCE CERTIFICATE FROM CWA)**



Policy Number: City of Stamford

Date Entered: 9/14/2015

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/14/2015

**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>Maloney &amp; Company, LLC</b> 1110 Boston Post Road Guilford, CT 06437	<b>CONTACT NAME:</b> PHONE (A/E, No. Ext): (203) 458-4000 FAX (A/E, No): (203) 458-4001 E-MAIL ADDRESS: mail@maloneyllc.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Property Casualty Co. of America</td> <td></td> </tr> <tr> <td>INSURER B: Travelers/Charter Oak Fire Insurance Co.</td> <td></td> </tr> <tr> <td>INSURER C: Travelers Indemnity Company</td> <td></td> </tr> <tr> <td>INSURER D: Travelers/Vermont Casualty Company</td> <td></td> </tr> <tr> <td>INSURER E: OneBeacon/Atlantic Specialty Ins. Co</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property Casualty Co. of America		INSURER B: Travelers/Charter Oak Fire Insurance Co.		INSURER C: Travelers Indemnity Company		INSURER D: Travelers/Vermont Casualty Company		INSURER E: OneBeacon/Atlantic Specialty Ins. Co		INSURER F:
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<b>INSURED</b> <b>Christopher Williams Architects, LLC</b>  85 Willow Street--Building 54 New Haven, CT 06511														

**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.**

FORM LTR	TYPE OF INSURANCE	AGBL SUBR (YES) (NO)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		680-1216 N394 -TIL-15	2/14/2015	2/14/2016	EACH OCCURRENCE: \$2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence): \$1,000,000 MED EXP (Any one person): \$10,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMPROP AGG: \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA-1494 N879-15-GRP	2/14/2015	2/14/2016	COMBINED SINGLE LIMIT (Per accident): \$1,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		CUP-2205 T099 15-47	2/14/2015	2/14/2016	EACH OCCURRENCE: \$5,000,000 AGGREGATE: \$5,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	2/14/2015	2/14/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT: \$1,000,000 E.L. DISEASE - EA EMPLOYEE: \$1,000,000 E.L. DISEASE - POLICY LIMIT: \$1,000,000
E	<b>PROFESSIONAL LIABILITY</b>		DPL-3798-14	10/1/2014	10/1/2016	<b>LIMIT:</b> \$2,000,000/ \$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**RE: City of Stamford Hoyt-Barnum House**  
 City of Stamford and its employees, agents and officers are added as additional insureds on a primary basis as respects General Liability and Auto Liability only, subject to policy terms and conditions. Waiver of subrogation applies, subject to policy terms and conditions.

<b>CERTIFICATE HOLDER</b>  City of Stamford Attn: Risk Manager 888 Washington Boulevard Stamford, CT 06904	<b>CANCELLATION</b>  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
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