



# CERTIFICATE OF LIABILITY INSURANCE

GENER-2 OP ID: KK

DATE (MM/DD/YYYY)  
12/09/2016

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> William A. Smith & Son, Inc. 380 Broadway Newburgh, NY 12550 William A Smith & Son, Inc		<b>CONTACT NAME:</b> Cathy S McCarty <b>PHONE:</b> 845-561-1706 <b>FAX:</b> 845-561-1697 <b>EMAIL ADDRESS:</b> cmccarty@wamsithandson.com
<b>INSURED</b> General Traffic Equipment Corp 259 Broadway Newburgh, NY 12550		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Atlantic Specialty Ins Co INSURER B: Graphic Arts Mutual Ins Co INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 25984

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	ADDITIONAL SUBR INSC. W/O	POLICY NUMBER	START DATE	END DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> EXCESS <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> FIDELITY AND SURETY		7110128670004	10/14/2016	10/14/2017	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000 Emp Ben 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> FIDELITY AND SURETY		7110128670004	10/14/2016	10/14/2017	2,000,000 2,000,000 10,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> FIDELITY AND SURETY		4589340	11/03/2016	11/03/2017	1,000,000 1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  City Of Lexington Division Of Central Purchasing 200 East Main St Lexington, KY 40507	<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 <i>John H. Smith, Sr</i>
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