CERTIFICATE OF LIABILITY INSURANCE

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 POLICY LISTED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

INSURER AFFORDING COVERAGE:	New York Marine And General Insurance Company 59 Maiden Lane, 27 th Floor New York, NY 10038 NAIC #: 16608				
	ProSight Specialty Insurance Brokerage, LLC				
PRODUCER	412 Mt. Kemble Avenue 300C				
	Morristown, NJ 07960				
	866-703-7747				
	(Name)				
INSURED:	(Street Address)				
	(City, State, Zip Code)				

COVERAGE

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS 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.									
POLICY NUMBER:									
POLICY TERM:	EF	EFFECTIVE DATE:			EXPIRATION DATE:				
TYPE OF INSURANCE: COMMERC					CIAL GENERAL LIABILITY (Occurrence Basis)				
EACH OCCURRENCE					\$				
DAMAGE TO RENT	DAMAGE TO RENTED PREMISES				\$		Any one premises		
MEDICAL PAYME	MEDICAL PAYMENTS				\$		Any one person		
PERSONAL AND ADVERTISING INJURY				\$		Any one person / organization			
GENERAL AGGREGATE				\$					
PRODUCTS/COMPLETED OPERATIONS AGGREGA			GREGATE	\$					
ADDITIONAL INSURED ENDORSEMENTS									
CG 20 11 04 13	Additiona	ional Insured – Managers or Lessors of Premises							
		ional Insured – Designated Person Or Organization							
DESCRIPTION OF OPERATIONS									
All activities associated			nduct	of business	as a	[1		
						•			
CERTIFICATE HOLDER:			(Name)						
		(Street Address)					and a set of the set o		
		(City, State, Zip Code)				IE)		TMENT OF INSURANCE	
							AU	STIN, TEXAS	
Signature of Authorized Representative						001	T 0 2 2018		

