



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/29/2017

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).

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 4000 Midlantic Dr, Suite 200 Mt. Laurel NJ 08054	CONTACT NAME: PHONE (A/C, No, Ext): 856-675-1327 E-MAIL ADDRESS: angela_miller@ajg.com	FAX (A/C, No): 856-482-1888
	INSURER(S) AFFORDING COVERAGE	
INSURED Empire Telecom USA, LLC 1150 1st Avenue, Suite 600 King of Prussia, PA 19406	INSURER A: Hartford Fire Insurance Company	19682
	INSURER B: Allied World National Assurance Company	10690
	INSURER C: Allied World Specialty Insurance Company	16624
	INSURER D: American Guarantee and Liability Ins Co	26247
	INSURER E: First Liberty Insurance Corporation	33588
	INSURER F: Zurich American Insurance Company	16535

COVERAGES

CERTIFICATE NUMBER: 1720246271

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			0309-9013	11/30/2017	11/30/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
C C C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6000-0325 6000-0326 6000-0324	11/30/2016 11/30/2016 11/30/2016	12/7/2017 12/7/2017 12/7/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Collision Ded \$1000/\$2000
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC0162474-01	11/30/2017	11/30/2018	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Q1409309-01	11/30/2017	11/30/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
F A	Crime Property/Inland Marine			MPL 00162716-01 13UUMBK0148	11/30/2017 11/30/2017	11/30/2018 11/30/2018	Limit/Deductible \$1MM/\$25,000 BPP Limit/Deductible \$6,825,000/\$5,000

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

Property Policy
Policy # 13UUMBK0148
Policy Period: 11/30/17 - 11/30/18
Carrier: Hartford Fire Insurance Company
Leased/Rented Equipment To:
Limit: \$500,000
See Attached...

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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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ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED Empire Telecom USA, LLC 1150 1st Avenue, Suite 600 King of Prussia, PA 19406	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Deductible: \$5,000
 Leased/Rented Equipment From:
 Limit: \$1,000,000
 Deductible: \$5,000

Professional Liability and Errors & Omissions Policy
 Policy # CPP1149575
 Policy Period: 11/30/2017 - 11/30/2018
 Carrier: Allied World Assurance Company, Ltd.
 Occurrence/Aggregate: \$5MM/5MM

Hartford Fire Insurance Company
 Inland Marine Policy
 Eff Date: 11/30/17 - Exp Date: 11/30/18
 Policy # 13UUMBK0148
 Installation Operations - LIMIT: \$5,000,000/ DEDUCTIBLE: \$5,000
 In Transit - LIMIT: \$1,000,000/ DEDUCTIBLE: \$5,000
 In Temporary Storage - LIMIT: \$15,000,000/ DEDUCTIBLE: \$5,000

RE: Workers Compensation Coverage applies to the state of Connecticut.