

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2016

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 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 Manager	ment Services, Inc.	CONTACT NAME: PHONE (A/C, No, Ext): 856-482-9900 FAX (A/C, No): 856-482-1888		
4000 Midlantic Dr, Suite 200 Mt. Laurel NJ 08054		E-MAIL ADDRESS: angela_miller@ajg.com INSURER(S) AFFORDING COVERAGE NAIC		
		INSURER A : Allied World National Assurance Com		10690
INSURED		INSURER B : Allied World Specialty Insurance Co		
Empire Telecom USA, LLC 1150 First Avenue, Suite 600 King of Prussia PA 19406		INSURER c : American Guarantee and Liability In		
		INSURER D : Starr Indemnity & Liability Company		38318
		INSURER E: Zurich American Insurance Company		16535
		INSURER F : Hartford Fire Insurance Company		19682
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COVERAGES

CERTIFICATE NUMBER: 821179648

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.

NSR LTR	TYPE OF INSURANCE	NSD WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		0309-9013	11/30/2016	11/30/2017	EACH OCCURRENCE	\$2,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	X Contractual Liab					MED EXP (Any one person)	\$5,000
	X XCU					PERSONAL & ADV INJURY	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
	OTHER:						\$
B B	AUTOMOBILE LIABILITY		6000-0324	11/30/2016 11/30/2016	11/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
В	X ANY AUTO		6000-0325 6000-0326	11/30/2016	11/30/2017	BODILY INJURY (Per person)	\$
	X OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
						Comp/Collision Ded	\$\$1000/\$2000
С	X UMBRELLA LIAB X OCCUR		AUC0162474-00	11/30/2016	11/30/2017	EACH OCCURRENCE	\$15,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$15,000,000
	DED X RETENTION \$25,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		100000194501	11/30/2016	11/30/2017	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
E F	Crime Property/Inland Marine		Q20301030-01 13UUMBK0148	11/30/2016 11/30/2016	11/30/2017 11/30/2017	Limit/Deductible BPP Limit/Deductible	\$1MM/\$25,000 \$7,080,000/\$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: 11/30/16 - 11/30/17
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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AGENCY CUSTOMER ID:	
I OC #:	



ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

___ FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE FORM NUMBER: 25

Deductible: \$5,000

Leased/Rented Equipment From:

Limit: \$1,000,000 Deductible: \$5,000

Professional Liability and Errors & Omissions Policy Policy # CEO G27409878 003 Policy Period: 11/30/2016 - 11/30/2017 Carrier: ACE American Insurance Company Occurrence/Aggregate: \$5MM/5MM

Hartford Fire Insurance Company

Inland Marine Policy Eff Date: 11/30/16 - Exp Date: 11/30/17 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

Evidence of Insurance