**CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER**
SDN Insurance Agency, LLC
300 Spindrift Drive
Amherst, NY 14221

**CONTACT NAME:** Carol M. Borden, CIC, CISR
**PHONE:** (A/C, No, Ext): (716) 633-3400 5140
**FAX:** (716) 633-4306
**E-MAIL ADDRESS:** cmborden@sdnins.com

**INSURER(S) AFFORDING COVERAGE**

- INSURER A: Great American E&S Insurance Company

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

**COVERAGES**

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>CERTIFICATE NUMBER:</th>
<th>REVISION NUMBER:</th>
</tr>
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<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>PL 4433691-03</td>
<td></td>
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<tr>
<td>AUTOMOBILE LIABILITY</td>
<td>PL 4433691-03</td>
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<tr>
<td>UMBRELLA LIABILITY</td>
<td>XS1744660-01</td>
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</table>

**CERTIFICATE HOLDER**

**FOR EVIDENCE PURPOSES ONLY**

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

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*If required in a written contract or agreement, the liability extends to include the party(ies) as designated in the contract. The coverage is provided in accordance with the policy provisions for the liability with regard to the negligent acts of the Named Insured.*

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*If yes, describe under DESCRIPTION OF OPERATIONS below*

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

**ACORD 101, Additional Remarks Schedule, may be attached if more space is required**

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