



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2019

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).

PRODUCER The Mechanic Group Inc. One Blue Hill Plaza Suite 530 Pearl River NY 10965	CONTACT NAME: Lynn Linderman PHONE (A/C, No, Ext): (845) 735-0700 FAX (A/C, No): (845) 735-8383 E-MAIL ADDRESS: llinderman@mechanicgroup.com														
INSURED CM Security Consulting Inc. 34 Gardenia Avenue Hampton Bays NY 11946	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Allied World Surplus Lines</td><td>24319</td></tr><tr><td>INSURER B: The State Insurance Fund</td><td>36102</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Allied World Surplus Lines	24319	INSURER B: The State Insurance Fund	36102	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES	CERTIFICATE NUMBER: 2019-2020	REVISION NUMBER:
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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	INSURANCE	ADDITIONAL INFORMATION	POLICY NUMBER	START DATE (MM/DD/YYYY)	END DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>				DAMAGE TO RENTED PREMISES (Each accident) \$ 100,000
	<input checked="" type="checkbox"/>	Errors & Omissions		5200-0207-06	2/14/2019	2/14/2020	MED EXP (Any person) \$ 10,000
	<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLICABLE:					PERSONAL & ADJ INJURY \$ 1,000,000
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 5,000,000
		OTHER:					PRODUCTS - COMP/OP AGG \$ 5,000,000
		AUTOMOBILE LIABILITY					Property damage-single limit \$
	<input type="checkbox"/>	ANY AUTO					COMBINED SINGLE LIMIT \$
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Each accident) \$
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>				BODILY INJURY (Per person) \$
		SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
		NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
		UMBRELLA LIAB	<input type="checkbox"/>				
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>				EACH OCCURRENCE \$
		DED	RETENTION \$				AGGREGATE \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N				
		If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	14143960	3/14/2019	3/14/2020	PER STATUTE \$
							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
A		Garagekeepers Liability		5200-0207-06	2/14/2019	2/14/2020	Aggregate Limit \$200,000

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

CERTIFICATE HOLDER	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.
	AUTHORIZED REPRESENTATIVE
	Steve Mechanic/LYNN

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