

Duffy, Daniel

From: mnason@siegfriedlaw.com
Sent: Thursday, January 19, 2012 2:21 PM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: Michelle
Last Name: Nason
Company: Siegfried Rivera Lerner De La Torre & Sobel PA
Mailing Address 1: 201 Alhambra Circle
Mailing Address 2: Suite 1102
City: Coral Gables
State: FL
Zip Code: 33134
Email Address: mnason@siegfriedlaw.com
Phone: 305-442-3334
Required copies of the records: Yes

List of specific record(s):

All insurance related documents pertaining to Downtown Design Partnership, including but not limited to certificates of insurance, riders and declaration pages for the World Trade Center Transportation HUB project.
Thank you.

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

February 29, 2012

Ms. Michelle Nason
Siegfried Rivera Lerner
De La Torre & Sobel PA
201 Alhambra Circle Suite 1102
Coral Gables, FL 33134

Re: Freedom of Information Reference No. 12935

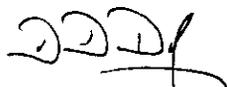
Dear Ms. Nason:

This is a response to your January 19, 2012 request, which has been processed under the Port Authority's Freedom of Information Policy (the "Policy," copy enclosed) for copies of various insurance related documents pertaining to Downtown Design Partnership and the World Trade Center Transportation Hub.

Material responsive to your request and available under the Policy, which consists of 7 pages, is enclosed, for a \$1.75 photocopying charge for this material (25¢ per page). Payment should be made in cash, certified check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17th Floor, New York, NY 10003.

Please refer to the above FOI Reference number in any future correspondence relating to your request.

Sincerely,



Daniel D. Duffy
FOI Administrator

Enclosure

AECOM/DWJM-DAP-0053-1R

(18153)



CERTIFICATE OF LIABILITY INSURANCE

4/1/2012 DATE (MM/DD/YYYY)
4/1/2011

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 Lockton Insurance Brokers, LLC 19500 MacArthur Blvd., Suite 350 CA License #0F15767 Irvine 92612 949-252-4400	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED AECOM Technology Corporation 1075642 AECOM USA, Inc. 605 Third Avenue New York NY 10158	INSURER A: Trans World Property Casualty Co of America NAIC# 25674	
	INSURER B: _____	
	INSURER C: _____	
	INSURER D: _____	
	INSURER E: _____	

COVERAGES AFFECTED ON CERTIFICATE NUMBER: 2829408 REVISION NUMBER: XXXXXXXX

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

INSURER	TYPE OF INSURANCE	ADDL INSR	SUBR W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES FOR <input type="checkbox"/> POLICY <input type="checkbox"/> PER POLICY <input type="checkbox"/> LOC			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Per occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCER - COMP/OP AGG \$ XXXXXXXX
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			COVERED SINGLE LIMIT (Per accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
A A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Temporary or NPI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TRUB-4245B231-11 (AZ, MA, OR, WI) TC21UB-4245B22A-11 (All Other States)	4/1/2011	4/1/2012	<input checked="" type="checkbox"/> YES (STATE) <input type="checkbox"/> NO (STATE) E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Job NO. 02-6040-00 PA Agreement No. 407 03-013, World Trade Center PATH Terminal

CERTIFICATE HOLDER 2829408 The Port Authority of New York and New Jersey Supervisor, Contract Insurance Risk Management/Treasury 225 Park Avenue South, 12th Floor New York, NY 10003-1604	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

AGENCY CUSTOMER ID: 06510

LOC #: Los Angeles



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh Risk & Insurance Services		NAMED INSURED AECOM USA, Inc. 635 THIRD AVENUE NEW YORK, NY 10158	
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

*****THIS CERTIFICATE SUPERSEDES THE PREVIOUSLY ISSUED CERTIFICATE AS THIS CERTIFICATE REFLECTS THE PROFESSIONAL LIABILITY RENEWAL POLICY, WHICH EXPIRED 10/5/2011*****

STV-DSP-0543-11R

(18152)

Client#: 350643

STVGROUP

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/17/2011

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 Conner Strong Companies, Inc. One Commerce Square 2005 Market Street, Suite 310 Philadelphia, PA 19103	CONTACT NAME: Lowy Scanlon	
	PHONE (A/C, No. Ext): 877 861-3220	FAX (A/C, No): 8567959783
INSURER(S) AFFORDING COVERAGE		
INSURED STV Incorporated 225 Park Avenue South New York, NY 10003	INSURER A: Colony Insurance Company	NAIC # 38993
	INSURER B: National Union Fire Ins. Co.	18445
	INSURER C: New Hampshire Ins. Co.	23841
	INSURER D: Insurance Co of the State of PA	19429
	INSURER E: Beazley Insurance Company	375540
	INSURER F: Great American Insurance Co.	16691

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THIS 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.

OVER LTR	TYPE OF INSURANCE	ADDITIONAL ENDORSEMENTS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> All Projects \$10,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		ARS4361033	04/01/2011	04/01/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per Occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS COMP/OP AGG \$2,000,000
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS \$250 Comp Ded \$500 Coll Ded		CA3803963 (VA) CA3760740 (AOS)	04/01/2011 04/01/2011	04/01/2012 04/01/2012	COMBINED SINGLE LIMIT (Per Occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> RETENTION: \$10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		BE28360853	04/01/2011	04/01/2012	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC4776436 (AOS) WC4776437 (CA) WC60169437 NY PMC2 - J.V. only	04/01/2011 04/01/2011 04/01/2011	04/01/2012 04/01/2012 04/01/2012	(WC STATUS:) (CITY LIMITS) (OTH LTR) EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000

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

1. Professional Liability:
 Policy Term: 4/1/2011 - 4/1/2012
 Policy #W15KXT110601
 Insurance Carrier E: Beazley Insurance Company
 NAIC #: 37540
 (See Attached Descriptions)

CERTIFICATE HOLDER The Port Authority of NY & NJ Risk Management/Treasury; Attn: Supervisor, Contract Insurance 225 Park Ave South 12th Floor New York, NY 10003	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 <i>W. Michael Fitzgerald</i>
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DESCRIPTIONS (Continued from Page 1)

Per Claim Limit: \$5,000,000
Aggregate Limit: \$5,000,000

2. Pollution Liability:

Policy Term: 4/23/2011 - 4/23/2012
Policy #CSE862987102
Insurance Carrier F: Great American Insurance Company
NAIC#: 18691
Per Pollution Condition: \$5,000,000
Aggregate Limit: \$5,000,000

3. Excess General Liability:

Policy Term: 4/1/2011 - 4/1/2012
Policy #: XLS0073301
Insurance Carrier: Scottsdale Insurance Company
NAIC#: 41297
Occurrence Limit: \$2,000,000 X \$1,000,000
Aggregate Limit: \$2,000,000 X \$2,000,000

4. Property Coverage:

Policy Term: 4/1/2011 - 4/1/2012
Policy #MAC1352893
Insurance Carrier F: Great American Insurance Company
NAIC#: 16691
Valuable Papers Limits: \$5,000,000
All Risk Coverage - Agreed Value
Blanket Limit of \$18,230,287 for Real and Personal Property and \$1,000,000 Blanket Limit for Business Interruption and Extra Expenses

5. The Captioned Commercial General Liability Policy includes the following coverage:

- a. XCU
- b. Contractual Liability
- c. Contractual Liability - Railroads is included by amending the definition of an "Insured Contract" when working within 50ft of a Railroad (CG 24 17 10 01)

6. The Captioned Workers Compensation & Employers Liability coverage includes the following coverage:

- a. USL&H

A Waiver of Subrogation is provided in favor of the Additional Insureds under the captioned Commercial General Liability, Business Automobile Liability, Commercial Umbrella Liability & Workers Compensation & Employers Liability Coverages if required by written contract & permitted by state law. The captioned commercial umbrella liability policy is following form of the commercial general liability, automobile liability, and Employers Liability Policies.

30 Days Notice of Cancellation will be provided, 10 Days Notice in the event of Non-Payment of Premium.
STV Project #20-11565. Contract #407-03-013. Project Title: Downtown Design Partnership, A Joint Venture of DMJM & Harris, Inc and STV Incorporated. Project Description: A/E Services for the permanent World Trade Center Path Terminal on a Task Order Basis. The Port Authority of NY & NJ and The Port Authority Trans-Hudson Corporation (PATH) are named additional insureds as respects general liability claims arising from the operations of the named insured.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2008

PRODUCER (610)363-7999 FAX (610)363-5231
 Roehrs & Company Inc.
 PO Box 100, 736 Springdale Dr
 Pottsville, PA 19341-0100
 Cindy Frey

INSURED STV Incorporated
 225 Park Avenue South
 New York, NY 10003
 Attn: Cathie McLaughlin

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Colony Insurance Company	
INSURER B: Illinois National Insurance Co	
INSURER C: Insurance Company of the State of PA	
INSURER D: New Hampshire Insurance Co	
INSURER E: Lloyds of London	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	AR5360456A	04/01/2008	04/01/2009	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ Excluded
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	CA3760740	04/01/2008	04/01/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
C		EXCESS/UMBRELLA LIABILITY	8764016	04/01/2008	04/01/2009	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC4776436	04/01/2008	04/01/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
E		OTHER Professional Liability	W15IXZ08PNM	04/01/2008	04/01/2009	Each Occurrence	\$1,000,000
						Aggregate	\$1,000,000

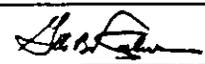
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Project #24-11565. Contract #407-03-013. Project Title: DpwnTown Design Partnership, A Joint Venture of DMJM & Harris, Inc and STV Incorporated. Project Description: A/E Services for the permanent World Trade Center Path Terminal on a Task Order Basis. The Port Authority of NY & NJ and The Port Authority Trans-Hudson Corporation (PATH) are named additional insureds as resepts general liability claims arising from the operations of the named insured.*****See Attached*****

CERTIFICATE HOLDER

The Port Authority of NY & NJ
 Attn: Thomas Grassi
 115 Braodway, 7th Floor
 New York, NY 10006

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Giles B. Roehrs/CLF 

The Port Authority of NY & NJ

Certificate issued to The Port Authority of NY & NJ
Roehrs & Company Inc.

04/01/2008

('01/2007
Project # 11565

The Insurer shall not raise any defense involving in any way the jurisdiction of the tribunal, Immunity of the Authority, governmental nature of the Authority or the provisions of any statutes respecting suits against the Authority without obtaining express advance written premission from the General Counsel of the Authority.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.