

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/20/2016

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 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).

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PRODUCER			CONTACT NAME: Natasha Rufe				
Foy Insurance - S	Salem		PHONE (A/C, No, Ext): (603)898-6320	FAX (A/C, No): (603)898-8269			
163 Main St - Sui	te 102		E-MAIL ADDRESS: Natasha.Rufe@foyinsurance.com				
			INSURER(S) AFFORDING COVERAGE		NAIC #		
Salem	NH	03079	INSURER A : Insurer				
INSURED			INSURER B:				
Vendor			INSURER C:				
Address			INSURER D:				
			INSURER E :				
City	NH	Zip Code	INSURER F:				
COVEDAGES		CERTIFICATE NI IMPERISAMPLE CE	rtificate DEVISION NI	IMRED.			

COVERAGES CERTIFICATE NUMBER:Sample Certificate 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 INSD WYD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY)			LIMIT	e					
LTR		INSE	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	_	_
	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,0	00
A	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
		_ x	Y	Policy #	effective	expiration	MED EXP (Any one person)	\$ 5,0	00
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,0	00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 1,000,0	00
1	OTHER:							\$	
Α							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,0	00
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS			Policy #	effective	expiration	BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	UMBRELLA LIAB OCCUR			Policy #	effective	expiration	EACH OCCURRENCE	\$ 1,000,0	00
	EXCESS LIAB CLAIMS-N	DE					AGGREGATE	\$	
	DED RETENTION \$							\$	
A	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y						X PER OTH- STATUTE ER		
			N/A	Policy #	effective	expiration	E.L. EACH ACCIDENT	\$ 100,0	00
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 100,0	00
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,0	00
1									

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Salem NH Farmers Market, Salem Market Place, and Mary A Fisk Elementry School are named as additional insured if written signed contract, agreement, or permit to such exists prior to loss subject to form indicated above in General Liability section. Waiver of subrogation applies in favor of Salem NH Farmers Market, Salem Market Place, and Mary A Fisk Elementry School.

CERTIFICATE HOLDER	CANCELLATION
Salem NH Farmers Market PO Box 213 Salem, NH 03079	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2010my 111 00079	AUTHORIZED REPRESENTATIVE
	Natasha Rufe/SNAT

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