Policy Number: Specimen Certificate

Date Entered: 11/15/2019

DATE (MM/DD/YYYY) 11/15/2019

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 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

COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:						
			INSURER F:						
	Norwalk, CT 06854	1-2738	INSURER E :						
	61 Washington St		INSURER D:						
			INSURER C: Liberty Insurance Underwrite						
INSURED	Steven Winter Associates Inc.		INSURER B: Contractors Bonding and Insurance Company						
			INSURER A: RLI Insurance Company						
	Guilford, CT 06	43/	INSURER(S) AFFORDING COVERAGE		NAIC #				
		Road	E-MAIL ADDRESS: mail@maloneyllc.com						
	1110 Boston Post		PHONE (A/C, No, Ext): (203)458-4000	FAX (A/C, No): (203)	458-4001				
PRODUCER	Maloney & Compan	oz II.C	CONTACT NAME:						
this certificate does not comer rights to the certificate holder in ned of such endorsement(s).									

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	TYPE OF INSURANCE		ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	s	
A	· ·	IAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	£1,000,000	
		IS-MADE OCCUR			PSB0003984	11/16/2019	11/16/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
								MED EXP (Any one person)	\$10,000	
								PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREC	ATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000	
	POLICY	PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:								\$	
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
A					PSA0001937	11/16/2019	11/16/2020	BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
В	UMBRELL	LIAB OCCUR						EACH OCCURRENCE	\$10,000,000	
	EXCESS L	AB CLAIMS-MADE		CKB0200092		11/16/2019	11/16/2020	AGGREGATE	\$10,000,000	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER OTH- STATUTE ER		
А			N/A		PSW0002883	11/16/2019	11/16/2020	E.L. EACH ACCIDENT	\$1,000,000	
			"/^					E.L. DISEASE - EA EMPLOYEE		
								E.L. DISEASE - POLICY LIMIT	\$1,000,000	
C	C PROFESSIONAL				AEX200390-0119	11/16/2019	11/16/2020	LIMIT:	\$5,000,000/	
	LIABILITY								\$5,000,000	

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

CERTIFICATE HOLDER	CANCELLATION
Specimen Copy	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 AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE

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Policy Number: Specimen Certificate

Date Entered: 1/7/2020

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 1/7/2020

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.

	FION IS WAIVED, subject does not confer rights to	to th	ne tei	rms and conditions of th	he poli ch end	cy, certain porsement(s).	oolicies may		lorsemer	it. As	tatement on	
PRODUCER					CONTACT NAME:							
	oney & Company, LI				PHONE (A/C, No, Ext): (203)458-4000 FAX (A/C, No): (203)458-4001							
	0 Boston Post Road	1			E-MAL mail@maloneyllc.com							
Gui	lford, CT 06437				ADDRES						NAIC #	
					INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Travelers Casualty&Surety Co. of America							
INSURED Stev	ven Winter Associa	tes	Inc									
INCORED = 0					INSURE							
61.	Washington St				INSURE	RC:						
	washington st walk, CT 06854-273	0			INSURER D :							
NOLV	Valk, CI 00054-275	0			INSURER E :							
					INSURER F:							
COVERAGES				NUMBER:				REVISION NUI				
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 T	YPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
COMMER	CIAL GENERAL LIABILITY							EACH OCCURREN DAMAGE TO RENT		\$		
CLA	IMS-MADE OCCUR							PREMISES (Ea occ	urrence)	\$		
								MED EXP (Any one	person)	\$		
								PERSONAL & ADV	INJURY	\$		
GEN'L AGGRE	GATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
POLICY	PRO- JECT LOC							PRODUCTS - COM	P/OP AGG	\$		
OTHER:								COMPINED OINOU	LIMIT	\$		
AUTOMOBILE								COMBINED SINGLE (Ea accident)	E LIIVII I	\$		
ANY AUT								BODILY INJURY (Pe	er person)	\$		
OWNED AUTOS C	NLY SCHEDULED AUTOS							BODILY INJURY (Pe		\$		
HIRED AUTOS C	NON-OWNED AUTOS ONLY							PROPERTY DAMA((Per accident)	GE	\$		
										\$		
UMBRELLA LIAB OCCUR								EACH OCCURREN	CE	\$		
EXCESS	LIAB CLAIMS-MADE							AGGREGATE		\$		
DED	RETENTION \$									\$		
WORKERS COL	DC! I IADII ITV							PER STATUTE	OTH- ER			
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDE	NT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POI	ICY LIMIT	\$		
A CYBER F				105590774		4/8/2019	4/8/2020	LIMIT:	_	-	000,000/	
										\$5,	000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER						CANCELLATION						
Specimen Copy					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 MUSICAL PHOTOCOLOGY						

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