



# CERTIFICATE OF LIABILITY INSURANCE

**PRODUCER** 516-579-8700  
 THE HARRINGTON AGY  
 749 WANTAGH AVE  
 WANTAGH , NY 11793

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.

**INSURED** Event Date: 09/19/2015  
 Robert L Stevens  
 53-01 32ND AVE  
 Woodside, NY 11377

**INSURERS AFFORDING COVERAGE**  
**INSURER A:** Markel American Insurance Company  
  
**HONOREE(S)**  
 Robert Stevens  
 Caitlin Naiven

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HOST LIQUOR INCL. <input checked="" type="checkbox"/> TPPD GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC 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 <input type="checkbox"/>	MEL00000299011	09/19/2015	09/19/2015	EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 DAMAGE TO RNTD PROP \$1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				COMBINED SINGLE LIMIT (Each Accident) BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE (Per Accident) AUTO ONLY-EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG EACH OCCURRENCE AGGREGATE
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				WC STATU   OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

The Certificate Holder is included as an insured under the Hosting Facility Liability Coverage, but only in respects to claims arising out of the negligence of the Named Insured.  
 If the event continues past 12:00 a.m., at the location named on Declarations Page, such continuation shall be considered as the event date. Event includes set up and break down and the scheduled rehearsal or rehearsal dinner scheduled within 48 hours of the event if the event is a wedding. Set up and break down means decoration and removal of decoration at the event location that occurs no more than 24 hours prior to the event and 24 hours after the event.

**CERTIFICATE HOLDER**

ST MARY'S CHURCH  
 ST MARY'S CHURCH  
 197 Hickory Kingdom Rd

**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.

Bedford NY 10506

**AUTHORIZED REPRESENTATIVE**

*Bruce G. Key*

**USE THIS COVER LETTER FOR  
APPLICANTS WANTING TO USE ST.  
MARY'S CHURCH FOR A PRIVATE  
SERVICE**

[Date]

Agent's Name  
Company Address  
City/State/Zip Code

Dear Agent:

I am using St. Mary's Church for a private service on [Date]. As part of the rental agreement, I am required to show proof of liability insurance in the amount of \$1,000,000 Liability for Bodily Injury and Property Damage.

Kindly have the respective Certificate of Insurance completed and forwarded to:

St. Mary's Church  
PO Box 701  
Bedford, NY 10506

The certificate needs to follow the format outlined on the standard Acord Certificate of Liability Insurance, naming St. Mary's Church as an additional insured.

Thank you for your immediate attention to this request.

Sincerely,

[Applicant(s) name]