



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/26

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER			CONTACT NAME:	
G DEMARIO INSURANCE AGENCY INC			PHONE (A/C No. Ext):	315-637-0284
222 HIGHBRIDGE ST			FAX (A/C, No):	315-637-0822
FAYETTEVILLE NY 13066			E-MAIL ADDRESS: tammy.chace@american-national.com	
			INSURER(S) AFFORDING COVERAGE	
			INSURER A : FARM FAMILY CASUALTY INSURANCE CO	
			INSURER B :	
			INSURER C :	
			INSURER D :	
			INSURER E :	
			INSURER F :	

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 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		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Y	Y	3101X2675	4/25/26	4/25/27	EACH OCCURRENCE	\$ 1,000,000
		<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input checked="" type="checkbox"/>	BLANKET ADDL INS						MED EXP (Any one person)	\$ 10,000
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC		GENERAL AGGREGATE	\$ 2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
A	<input type="checkbox"/>	AUTOMOBILE LIABILITY	Y	Y	3133C1638	4/25/26	4/25/27	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	OWNED AUTOS ONLY			HIRED HAS PHYSICAL DAMAGE \$1000 DED			BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	1000 COMP						PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/>								\$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	Y	Y	3101E1770	4/25/26	4/25/27	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> EXCESS LIAB			WOS APPLIES *FOLLOWS FORM*			AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> CLAIMS-MADE							\$
		DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$
		If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	<input type="checkbox"/>	INLAND MARINE NO HIRED COVERAGE	N	N	3101X2675	4/25/26	4/25/27	CONTRACTORS EQUIPMENT COVERAGE	

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

CERTIFICATE HOLDER PROOF OF INSURANCE	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 GREGORY DEMAFF <i>Gregory D. DeMauff</i>