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| PRODUCER Marshall & Sterling Upstate 113 Saratoga Road Glenville NY 12302 Phone: 315-732-5559 Fax: 315-793-9862 | 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 # |
| INSURED Sabre Demolition Corp 73 E Genesee St Baldwinsville NY 13027 | INSURER A: Wesco Ins Co | |
| | INSURER B: American Alternative Ins Corp | |
| | INSURER C: Navigators Ins Co/RSUI | |
| | INSURER D: Commerce & Industry Ins Co | |
| | INSURER E: Firemans Fund Insurance Co. | 131 |

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 ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|--|---------------------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | WPP1011553 | 08/20/08 | 08/20/09 | EACH OCCURRENCE \$ 1000000 |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 |
| A | <input checked="" type="checkbox"/> Pollution Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | CPO1355235 | 08/20/08 | 08/20/09 | MED EXP (Any one person) \$ 5000 |
| | | | | | PERSONAL & ADV INJURY \$ 1000000 |
| | | | | | GENERAL AGGREGATE \$ 2000000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2000000 |
| | | | | | Pollution 1000000 |
| B | AUTOMOBILE LIABILITY <input checked="" 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 | 88A2CA0000150 | 09/24/07 | 09/24/08 | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| | | | | | AGG \$ |
| C | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000 | NY08UMB388179NV/NHA045611 | 08/20/08 | 08/20/09 | EACH OCCURRENCE \$ 15000000 |
| | | | | | AGGREGATE \$ 15000000 |
| | | | | | Following \$ |
| | | | | | Form endm \$ |
| | | | | | included \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | WC5314918 | 02/23/08 | 02/23/09 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | | | | | E.L. EACH ACCIDENT \$ 1000000 |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1000000 |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ 1000000 |
| E | OTHER Contractors Equip Lease/Rented Equip | MXI97247041 | 08/22/07 | 08/22/08 | Owned 2370700 |
| | | | | | Leased 300000 |

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

PROOF OF INSURANCE - SAMPLE

CERTIFICATE HOLDER

SABREIN

Sabre Demolition Corp
73 E Genesee St
Baldwinsville NY 13027

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



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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.