

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE: 10/16/2009

<b>PRODUCER</b> DeWitt Stern, Imperatore, Ltd. Harborside Financial Center Plaza Five, Suite 1510 Jersey City, NJ 07311-4097	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.
<b>INSURERS AFFORDING COVERAGE</b>	

<b>INSURED</b> Clean Water of New York, Inc. 3249 Richmond Terrace P.O. Box 030312 Staten Island, NY 10303-0312	COMPANY A: <b>Great American Insurance Companies</b> COMPANY B: <b>Commerce and Industry Insurance Company</b> COMPANY C: <b>Lloyd's Syndicate No. 1861</b> COMPANY D: <b>St. Paul Travelers</b> COMPANY E:
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**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.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	GENERAL LIABILITY	<b>OMH7977508011</b>	<b>10/13/09</b>	<b>10/13/10</b>	GENERAL AGGREGATE <b>\$ 2,000,000.00</b>
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG <b>\$ 1,000,000.00</b>
	<input type="checkbox"/> CLAIMS MADE: <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY <b>\$ 1,000,000.00</b>
					EACH OCCURRENCE <b>\$ 1,000,000.00</b>
					FIRE DAMAGE (Any one fire) <b>\$ 100,000.00</b>
					MED EXP (Any one person) <b>\$ 25,000.00</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
<b>B</b>	AUTOMOBILE LIABILITY	<b>CA671-26-22</b>	<b>03/22/09</b>	<b>03/22/10</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$ 1,000,000.00</b>
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) <b>\$</b>
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) <b>\$</b>
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) <b>\$</b>
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
<b>C</b>	EXCESS LIABILITY	<b>MOS328454-09-1</b>	<b>10/13/09</b>	<b>10/13/10</b>	EACH OCCURRENCE <b>\$ 9,000,000.00</b>
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE <b>\$ 9,000,000.00</b>
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				<b>\$</b>
	DEDUCTIBLE				<b>\$</b>
	RETENTION <b>\$</b>				<b>\$</b>
<b>D</b>	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	<b>D274W00669</b>	<b>10/01/09</b>	<b>10/01/10</b>	<input checked="" type="checkbox"/> STATUTORY LIMITS OTHER
					EACH ACCIDENT <b>\$ 1,000,000.00</b>
					DISEASE-POLICY LIMIT <b>\$ 1,000,000.00</b>
					DISEASE-EACH EMPLOYEE <b>\$ 1,000,000.00</b>
<b>A</b>	OTHER <b>Pollution Liability</b>	<b>OMH348992210</b>	<b>10/13/09</b>	<b>10/13/10</b>	Limit: <b>\$5,000,000 each occurrence</b> Aggregate: <b>\$10,000,000</b> Deductible: <b>\$25,000</b>

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

<b>CERTIFICATE HOLDER</b>	ADDITIONAL INSURED; INSURER LETTER: _____ <b>CANCELLATION</b>
Sample	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> 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 <i>Thomas A. Imperatore</i>