# Kenneth J Geer DBA Locust Grove Landscaping

(860) 625-6635 23 Thomas Rd

Ledyard, CT 06339

### RE: Bid proposal- Sawmill

Price for repair of sawmill tailrace and stairs.

Price includes everything in the scope of work.

Price for work...... \$27,000.00

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#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 10/18/2023

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). CONTACY
NAME:
PHONE
(A/C, No. Ent): 860-376-2393
(A/C, No. Ent): 4/C, No. ADDRESS: dean\_roussel@american-national.com PRODUCER Farm Family Insurance 110B River Rd FAX (A/C, No); 860-376-6400 Lisbon CT 08351 INSURER(S) AFFORDING COVERAGE
FARM FAMILY CASUALTY INSURANCE NAIC # 13803 INSURER A KENNETH J GEER DBA LOCUST GROVE LANDSCAPING INSURED WEURER B 23 THOMAS RD **LEDYARD CT 06339-1125** MSURER C MSUHER D MOURER 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 ADDL SUBP FOLICY EFF FOLICY EXP POLICY NUMBER 0606L6260 TYPE OF INSURANCE LIMITS COMMERCIAL GENERAL LIABILITY 03/30/2023 03/30/2024 s 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE <sub>5</sub> 100,000 OCCUR \$ 5,000 MED EXP (Any one person) 4 1.000.000 PERSONAL & ADV INJURY s 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 PRO-JECT POLICY ! PRODUCTS - COMPIOP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 0606C1033 \$1,000,000 03/30/2023 03/30/2024 ANY AUTO BODILY INJURY (Per purson) 5 OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) ŝ PROPERTY DAMAGE S AUTOS ONLY (treplocate ve 2 UMBRELLALIAR 0606E1112 03/30/2023 03/30/2024 s 2,000,000 OCCUR EACH OCCURRENCE EXCESS LIAR <sub>5</sub> 2,000,000 CLAIMS-MADE AGGREGATE DED PRETENTIONS 1,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 0606W6210 03/30/2023 03/30/2024 STATUTE ANYPROPRIETORPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) < 500.000 E.L. EACH ACCIDENT NIA 5 500,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below \$ 500,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **CERTIFICATE HOLDER** CANCELLATION TOWN OF LEDYARD 741 COLONEL LEDYARD HWY SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN LEDYARD, CT 06339 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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