

CERTIFICATE HOLDER

CANCELLATION

The Buffalo Iron Corp
54 Savage Pl
East Aurora, NY 14052

AUTHORIZED REPRESENTATIVE

[Signature]

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Buffalo Iron Corporation is included as an Additional Insured with respect to General Liability and Loss Payee with respect to equipment

INSR LTB	TYPE OF INSURANCE	ADDL SUBR	INSR NO	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS		
							(MM/DD/YYYY)	(MM/DD/YYYY)	
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>	X					EACH OCCURRENCE	\$ 1,000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
								COMBINED SINGLE LIMIT (Ea accident)	\$
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
B	EQUIPMENT FLOATER							EQUIPMENT	\$ 20,000
								ANY AUTO	
								ALL OWNED AUTOS	
								SCHEDULED AUTOS	
								NON-OWNED AUTOS	
								HIRE AUTOS	
								UMBRELLA LIAB	
								EXCESS LIAB	
								WORKERS COMPENSATION AND EMPLOYERS LIABILITY	
								ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	
IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS BELOW									

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.

REVISION NUMBER:

CERTIFICATE NUMBER:

COVERAGES

PRODUCER: Your Insurance Company

INSURER: Your Company

INSURER A: _____

INSURER B: _____

INSURER C: _____

INSURER D: _____

INSURER E: _____

INSURER F: _____

CONTACT NAME: _____

PHONE (A/C No. Ext): _____

FAX (A/C No.): _____

ADDRESS: _____

INSURER(S) AFFORDING COVERAGE: _____

NAIC #: _____

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 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).

CERTIFICATE OF LIABILITY INSURANCE



OP ID: MR THEBU-2
DATE (MM/DD/YYYY) 01/22/13