

# CERTIFICATE OF LIABILITY INSURANCE

11/30/2016

<b>PRODUCER</b> NEW YORK SCHOOLS INSURANCE RECIPROCAL 333 Earle Ovington Blvd. Uniondale NY, 11553	<b>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>
<b>INSURERS AFFORDING COVERAGE</b>	
<b>INSURED</b> Oceanside UFSD Administration Building 145 Merle Avenue Oceanside, NY 11572	INSURER A: NEW YORK SCHOOLS INSURANCE RECIPROCAL NAIC#: 34843 INSURER B: INSURER C: INSURER D: INSURER E:

**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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>SSPOC001</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
					FIRE DAMAGE (Any one fire) \$ <b>1,000,000</b>
					MED EXP (Any one person) \$ <b>10,000</b>
					PERSONAL & ADV INJURY \$ <b>1,000,000</b>
					GENERAL AGGREGATE \$ <b>UNLIMITED</b>
					PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>	<b>CAPOC001</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	COMBINED SINGLE LIMIT (Ea. Accident) \$ <b>1,000,000</b>
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
<b>A</b>	<b>GARAGE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS	<b>CAPOC001</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	AUTO ONLY - EA ACCIDENT \$ <b>1,000,000</b>
					OTHER THAN AUTO ONLY: EA ACC \$
<b>A</b>	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	<b>ECLOC001</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	EACH OCCURRENCE \$ <b>25,000,000</b>
					AGGREGATE \$ <b>UNLIMITED</b>
<b>A</b>	<b>SCHOOL BOARD LIABILITY</b> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>SBLOC001</b>	<b>07/01/2016</b>	<b>07/01/2017</b>	OCCURRENCE \$ <b>1,000,000</b>
					AGGREGATE \$ <b>3,000,000</b>
					DEDUCTIBLE \$
	<b>OTHER</b>				

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

**PROOF OF INSURANCE**

<b>CERTIFICATE HOLDER</b> Oceanside UFSD Administration Building 145 Merle Avenue Oceanside, NY 11572	<b>CANCELLATION</b> 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 