

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/00/YY)

<p>PRODUCER</p>	<p>THIS CERTIFICATION 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.</p>	
<p>INSURED</p> <p style="text-align: center;">Your organization's name will appear here</p>	<p>INSURER A: INSURER B:</p>	<p>INSURER C: INSURER D: INSURER E:</p>

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.

TYPE OF COVERAGE	POLICY NUMBER	POLICY EXPIRATION DATE (MM/00/YY)	COVERAGE	LIMIT
<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR <input type="checkbox"/> GENERAL AGGREGATE LIMIT APPLIES PER POLICY	required		EACH OCCURRENCE	1,000,000
<input type="checkbox"/> PERSONAL AND ADV INJURY <input type="checkbox"/> PRODUCTS - SOME OF AGG	million aggregate required		PERSONAL AND ADV INJURY	1,000,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG	million required		GENERAL AGGREGATE	2,000,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			PRODUCTS - SOME OF AGG	2,000,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			COMBINED SINGLE LIMIT (Ea accident)	1,000,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			EA ACCIDENT	500,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			EA EMPLOYEE	500,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			EA EMPLOYEE	500,000
<input type="checkbox"/> PRODUCTS - SOME OF AGG			POLICY LIMIT	500,000

Cuyahoga Metropolitan Housing Authority

must be indicated at an additional insured

Employers' Liability: \$500,000 each accident

and each disease required

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

The McKean County Housing Authority is included as additional insured as required by written agreement. Other than Employers' liability, the coverages are



primary and non-contributory in favor of the Cuyahoga Metropolitan Housing Authority.

This is required language and must appear.

CERTIFICATE HOLDER CANCELLATION

Cuyahoga Metropolitan Housing Authority
ATTN: Office of Legal Affairs/Risk Management
8120 Kinsman Road
Cleveland, Pennsylvania 44104
rlskmgt@cmha.net

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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

AUTHORIZED REPRESENTATIVE



ACORD 25 (2001/08)

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Your certificate must be signed by your agent/producer

Your policy number
must appear here

We require the CG 20 26 policy
endorsement or comparable form

POLICY NUMBER: _____

MMERC
COMMERCIAL GENERAL LIABILITY
CG 202607 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

MCKEAN CO HOUSING
MCKEAN COUNTY HOUSING

"McKean County Ho

The name "McKean County Housing Authority"
must be indicated as the additional insured. No
abbreviations of the name are accepted.

Information required to complete this Schedule if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the act or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- e. In connection with your premises owned by or rented to you.

Your policy number
must appear here

Endorsement to your
auto liability policy

POLICY NUMBER: CWP5555700

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERSCOVERAGE.FORM

SCHEDULE

Name of Person or Organization:

Cuyahoga Metropolitan Housing Authority

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

SECTION 11 • LIABILITY COVERAGE A - Who Is An Insured Is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability arising out of conduct of an "insured" and only to the extent of that liability for the auto shown in the schedule.

CA 70 67 0310

The name "McKean Community Housing Authority" must be indicated as the additional insured. No abbreviations of the name are accepted.