

## Overview of Insurance Requirements for CCESC

Cornell Cooperative Extension Sullivan County (CCESC) requires all vendors, contractors, and workshop hosts to carry specific insurance coverage. These requirements help ensure the safety and success of our programs—whether held at CCESC facilities, on farms, or in other community spaces. We’re committed to offering high-quality educational programs and events that benefit local families, businesses, and individuals. To manage the risks that come with these activities, we ask our partners to meet the following insurance standards.

### Minimum Insurance Coverage Required

#### 1. Commercial General Liability (CGL)

- a. Coverage: \$1,000,000 per occurrence / \$2,000,000 aggregate
- b. Must include: contractual liability, independent contractors, personal and advertising injury, and products/completed operations

**AND**

#### 2. Auto Liability

If Business, this is generally listed on the COI (see examples)

a. Business Entities (LLC, Corp, Nonprofit): \$1,000,000 Combined Single Limit for owned, non-owned, and hired vehicles

b. Individuals/Sole Proprietors:

i. Commercial Auto Policy or Hired/Non-Owned endorsement: same as business entities

ii. Personal Auto Policy: \$300,000 Combined Single Limit or split limits of \$250k/\$500k for bodily injury and \$100k for property damage

If individual, individual auto policy can be provided.

#### 3. Workers Compensation

- a. Required if mandated by law (unless exempt)

### Important Note on Matching Coverage Names

It’s essential that the name listed on your General Liability insurance policy matches the name on your Auto Liability policy. For example, if your General Liability coverage is under a business name like “ABC Farm LLC,” your Auto Liability coverage must also be under “ABC Farm LLC”—not under an individual’s personal name. Similarly, if you are an individual or sole proprietor and your General Liability policy is under your personal name (e.g., “Jane Doe”), your Auto Liability must also be under “Jane Doe.” This alignment ensures that the same legal entity is insured across all required coverage types. Mismatched names can lead to delays in approval or even disqualification from participation, so please double-check that all insurance documents reflect the same legal name.

## **Additional Insurance Requirements**

All insurance policies must:

- Name CCESC as an Additional Insured: Use ISO FORM CG 20 26 or a comparable form. Include: Cornell Cooperative Extension Sullivan County, its officers, directors, employees, and agents.
- Provide 30 Days' Notice: Notify CCESC in writing at least 30 days before cancellation or any major changes to the policy.
- Include a Waiver of Subrogation: This prevents the insurer from seeking reimbursement from CCESC.
- Be Primary and Non-Contributory: Your insurance must apply before any coverage held by CCESC.

## **Certificate of Insurance (COI)**

- Must be submitted at least 10 business days before the agreement begins
- Must remain active and valid throughout the contract term.

## **Why These Requirements Matter**

These insurance standards aren't just formalities—they're essential for protecting everyone involved. By meeting them, we can work together to deliver safe, impactful programs to our community.

**For complete details and legal language regarding insurance requirements, please refer to the full CCESC contractor agreement. The contractor agreement outlines all necessary provisions and should be reviewed carefully before submitting your Certificate of Insurance. This overview document is for informational purposes only.**



## **Why is Automobile Coverage required in Cornell Cooperative Extension (CCE) Contracts with Vendors, Users of Facilities, Contractors, etc.?**

CCE can and will be held vicariously liable (legally responsible) for the actions of others acting in a capacity that could be deemed to be on behalf of CCE. This includes the use of automobiles owned or used by others. The requirements for Automobile Insurance are for Owned Vehicles (if any) and for Non-Owned or Hired Vehicles (whether or not they are Owned Vehicles by the Contractor); and helps provide the necessary protection to CCE.

***Entities are signing indemnification agreements as part of the contract relationship with CCE. The insurance requirements are in place to make sure that the indemnification requirement is fulfilled and funded.***

## **Doesn't the Commercial General Liability (CGL) Insurance Coverage provide us with the protection we need for these types of claims?**

**Unless the CGL is specifically endorsed to provide Hired and Non-Owned Automobile coverage; NO IT DOES NOT. In fact, Commercial General Liability Insurance excludes virtually any liability related to the use of an automobile or vehicle.**

## **What Is Non-Owned and Hired Automobile Liability Insurance Coverage?**

These are actually two separate and critically important liability protection coverages for any business entity.

**Non-Owned Automobile Liability** covers bodily injury and property damage caused by vehicles that are not owned by a business but are used on behalf of business. This would include while they are picking up or dropping off supplies or products, going to the bank, running errands on behalf of the business, etc. This would include vehicles owned by employees, volunteers, parents, participants, etc., as well as other entities such as vendors, contractors, facilities users, etc.

**Hired Automobile Liability** covers bodily injury and property damage caused by vehicles a business hires (including rented or borrowed vehicles). This would include car services such as Uber and Lyft, Limo companies or other transportation services hired for a fee by the business or its employees/owners.

Typically **Non-Owned & Hired Automobile Liability Insurance Coverage** is part of the Commercial/Business Automobile Insurance Policy. However, it also may be added as an endorsement to a General Liability (or Business Owners policy) for a relatively small charge.

When there are no vehicles titled in the entity/company name this coverage will meet the **contract requirement (i.e. Outside Vendor Form/Use of Facilities Form/Construction Contract Addendum) for Commercial Auto coverage.**

### **Why do I as a Vendor at a CCE Event/Fair have to provide Non-Owned & Hired Auto Liability Coverage, I don't own any vehicles?**

Consider a scenario where an employee of the Vendor hits a pedestrian while parking their vehicle at the event on their way to work at the Vendor's booth; or, while the Vendor is bringing in its products for the market that day they are involved in an accident. In the ensuing lawsuit - the driver, the Vendor and CCE would all be named as parties to the litigation and be held liable for any damages. The Contract signed by the Vendor indemnifies and holds harmless CCE for that type of claim, and the Non-Owned Automobile Insurance of the Vendor will provide protection for both the Vendor and CCE in order to meet this obligation.

### **Why does a Painter hired to paint CCE offices need Non-Owned Automobile Liability Insurance?**

Consider a scenario where the Painter sends one of its employees to the paint store for more paint and supplies in the employee's own truck. On the way back the employee is involved in an at fault accident where the employee rear-ended a car at a stop light. The ensuing lawsuit would name the Employee, the Painter and CCE as parties to the litigation. The Contract signed by the Painter indemnifies and holds harmless CCE for that type of claim, and the Non-Owned Automobile Insurance of the Vendor will provide protection for both the Painter and CCE.

### **Why does my Organization who is using/renting CCE Facility or Space need Non-Owned Automobile Liability, we don't own any cars?**

Consider a scenario where a volunteer for the organization is bringing in supplies for the show in her own van. While driving on the grounds she loses control of her vehicle and drives into a group of spectators severely injuring several and killing one. It is later found that she was intoxicated. Because of her prior poor driving history she herself had only purchased minimum state limits of insurance and in fact had allowed her policy to lapse for non- payment of premium. The organization would at least know that the Non-Owned Automobile Insurance would pay to both provide a defense for the claim and also pay the judgment for damages that are likely to result; thus fulfilling your contractual obligation to provide the indemnification for such claims.

If you have any additional questions about this important coverage and why it is required please feel free to contact The Wood Office!

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/19/2024

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).

|                               |                                                      |                       |
|-------------------------------|------------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>[REDACTED] | <b>CONTACT NAME:</b>                                 |                       |
|                               | <b>PHONE (A/C, No, Ext):</b> [REDACTED]              | <b>FAX (A/C, No):</b> |
|                               | <b>E-MAIL ADDRESS:</b>                               |                       |
|                               | <b>INSURER(S) AFFORDING COVERAGE</b>                 |                       |
| <b>INSURED</b><br>[REDACTED]  | <b>INSURER A:</b> [REDACTED] <b>NAIC#</b> [REDACTED] |                       |
|                               | <b>INSURER B:</b>                                    |                       |
|                               | <b>INSURER C:</b>                                    |                       |
|                               | <b>INSURER D:</b>                                    |                       |
|                               | <b>INSURER E:</b>                                    |                       |
|                               | <b>INSURER F:</b>                                    |                       |

**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.

| INSR LTR | TYPE OF INSURANCE                                                           | ADDL INSR                                | SUBR WVD                       | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYYY) | LIMITS                                                               |             |
|----------|-----------------------------------------------------------------------------|------------------------------------------|--------------------------------|---------------|-------------------------|---------------------------|----------------------------------------------------------------------|-------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                | X                                        | X                              | [REDACTED]    | 12/01/2024              | 12/01/2025                | EACH OCCURRENCE                                                      | \$1,000,000 |
|          | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                       |                                          |                                |               |                         |                           | DAMAGE TO RENTED PREMISES (Ea occurrence)                            | \$1,000,000 |
|          | X General Liability                                                         |                                          |                                |               |                         |                           | MED EXP (Any one person)                                             | \$5,000     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                          |                                          |                                |               |                         |                           | PERSONAL & ADV INJURY                                                | \$1,000,000 |
|          | X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC     |                                          |                                |               |                         |                           | GENERAL AGGREGATE                                                    | \$2,000,000 |
|          | OTHER:                                                                      |                                          |                                |               |                         |                           | PRODUCTS - COMP/OP AGG                                               | \$2,000,000 |
| A        | AUTOMOBILE LIABILITY                                                        |                                          |                                | [REDACTED]    | 12/01/2024              | 12/01/2025                | COMBINED SINGLE LIMIT (Ea accident)                                  | \$1,000,000 |
|          | ANY AUTO                                                                    |                                          | BODILY INJURY (Per person)     |               |                         |                           |                                                                      |             |
|          | ALL OWNED AUTOS                                                             | <input type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per accident)   |               |                         |                           |                                                                      |             |
|          | X HIRED AUTOS                                                               | X NON-OWNED AUTOS                        | PROPERTY DAMAGE (Per accident) |               |                         |                           |                                                                      |             |
|          |                                                                             |                                          |                                |               |                         |                           |                                                                      |             |
|          | UMBRELLA LIAB EXCESS LIAB                                                   |                                          |                                |               |                         |                           | EACH OCCURRENCE                                                      |             |
|          | DED <input type="checkbox"/> RETENTION \$                                   |                                          |                                |               |                         |                           | AGGREGATE                                                            |             |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                                          |                                |               |                         |                           | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |             |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/>             | N/A                            |               |                         |                           | E.L. EACH ACCIDENT                                                   |             |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                                          |                                |               |                         |                           | E.L. DISEASE - EA EMPLOYEE                                           |             |
|          |                                                                             |                                          |                                |               |                         |                           | E.L. DISEASE - POLICY LIMIT                                          |             |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

CORNELL COOPERATIVE EXTENSION  
SULLIVAN COUNTY  
64 FERNDAL LUMIS RD STE 1  
LIBERTY NY 12754-2918

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

[REDACTED]



## DATE (MM/DD/YYYY)

08/22/2023

**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).

INSURER F :

| INSR LTR | TYPE OF INSURANCE                                                           |                                                       | ADDL SUBR |             | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                              |              |
|----------|-----------------------------------------------------------------------------|-------------------------------------------------------|-----------|-------------|-------------------------|-------------------------|---------------------------------------------------------------------|--------------|
|          | INSR                                                                        | DESCRIPTION                                           | INSR      | DESCRIPTION |                         |                         | INSR                                                                | DESCRIPTION  |
| A        |                                                                             | COMMERCIAL GENERAL LIABILITY                          |           |             | 08/10/2023              | 08/10/2024              | EACH OCCURRENCE                                                     | \$ 1,000,000 |
|          |                                                                             | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X         | [REDACTED]  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                           | \$ 100,000   |
|          | X                                                                           | Special Farm Pkg '10'                                 |           |             |                         |                         | MED EXP (Any one person)                                            | \$ 5,000     |
|          |                                                                             |                                                       |           |             |                         |                         | PERSONAL & ADV INJURY                                               | \$ 1,000,000 |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                          |                                                       |           |             |                         |                         | GENERAL AGGREGATE                                                   | \$ 2,000,000 |
|          | X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC      |                                                       |           |             |                         | PRODUCTS - COMP/OP AGG  | \$ 2,000,000                                                        |              |
|          | OTHER:                                                                      |                                                       |           |             |                         |                         | \$                                                                  |              |
| B        |                                                                             | AUTOMOBILE LIABILITY                                  |           |             | 06/27/2023              | 06/27/2024              | COMBINED SINGLE LIMIT (Ea accident)                                 | \$ 500,000   |
|          |                                                                             | ANY AUTO                                              | X         | [REDACTED]  |                         |                         | BODILY INJURY (Per person)                                          | \$           |
|          |                                                                             | OWNED AUTOS ONLY                                      |           |             |                         |                         | BODILY INJURY (Per accident)                                        | \$           |
|          |                                                                             | Hired AUTOS ONLY                                      |           |             |                         |                         | PROPERTY DAMAGE (Per accident)                                      | \$           |
|          |                                                                             | SCHEDULED AUTOS ONLY                                  |           |             |                         |                         |                                                                     | \$           |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR                                |                                                       |           |             |                         | EACH OCCURRENCE         | \$                                                                  |              |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                            |                                                       |           |             |                         | AGGREGATE               | \$                                                                  |              |
|          | DED <input type="checkbox"/> RETENTION \$                                   |                                                       |           |             |                         |                         | \$                                                                  |              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                                                       |           |             |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A       |             |                         |                         | E.L. EACH ACCIDENT                                                  | \$           |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                                                       |           |             |                         |                         | E.L. DISEASE - EA EMPLOYEE                                          | \$           |
|          |                                                                             |                                                       |           |             |                         |                         | E.L. DISEASE - POLICY LIMIT                                         | \$           |

Cornell Cooperative Extension of Sullivan County, its officers, directors, employees, volunteers, and agents are hereby named as Additional Insured

**AUTHORIZED REPRESENTATIVE**



# SAMPLE INSURANCE WITH WORKERS COMP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2023

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).

|                                    |                                  |
|------------------------------------|----------------------------------|
| PRODUCER                           | CONTACT NAME: [REDACTED]         |
| MATTHEW BROGAN & ASSOCIATES, INC.  | PHONE (A/C, No, Ext): [REDACTED] |
| FARM FAMILY CASUALTY INSURANCE CO. | FAX (A/C, No): [REDACTED]        |
| 81A WEST MAIN STREET               | E-MAIL ADDRESS: [REDACTED]       |
| WALDEN, NY 12586                   |                                  |
|                                    | INSURER(S) AFFORDING COVERAGE    |
|                                    | INSURER A: [REDACTED]            |
| INSURED                            | INSURER B: [REDACTED]            |
| [REDACTED]                         | INSURER C: [REDACTED]            |
| [REDACTED]                         | INSURER D: [REDACTED]            |
| [REDACTED]                         | INSURER E: [REDACTED]            |
|                                    | INSURER F: [REDACTED]            |

## 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.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                              | ADDL INSD                                  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> SPECIAL FARM PACKAGE<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                                          |          | [REDACTED]    | 06/17/23                | 06/17/24                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| A        | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br>HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                          |                                            |          | [REDACTED]    | 03/15/23                | 03/15/24                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                |
|          | UMBRELLA LIAB<br>EXCESS LIAB<br>DED RETENTION \$                                                                                                                                                                                                                                                               |                                            |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                       |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                         | Y/N<br><input checked="" type="checkbox"/> | N/A      | [REDACTED]    | 06/17/23                | 06/17/24                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CORNELL COOPERATIVE EXTENSION SULLIVAN COUNTY, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS ARE HEREBY NAMED AS ADDITIONAL INSURED

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                                                 |                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORNELL COOPERATIVE EXTENSION<br>SULLIVAN COUNTY<br>64 FERNDAL-LOOMIS ROAD<br>LIBERTY, NY 12754 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE: [REDACTED] |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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