



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2011

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).

PRODUCER <b>WALTER A. STAPLETON, Jr., dba</b> Railroad Insurance Svcs of New England 90 Veterans Park Road Claremont, NH 03743-5021	CONTACT NAME: <b>NORTHEAST RAIL COALITION GROUP INSUR. POLICY</b>
	PHONE (A/C. No. Ext): <b>603-542-2756</b> FAX (A/C. No): <b>603-542-8656</b>
	E-MAIL ADDRESS: <b>walt@railroad-insurance.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>GREAT AMERICAN INSURANCE GROUP</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED **COTTON VALLEY RAIL TRAIL CLUB, INC.**  
166 Wild Acres Road  
Guilford, NH 03249

**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/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> 4 COMMERCIAL GENERAL LIABILITY 4 CLAIMS-MADE <input type="checkbox"/> OCCUR 4 Scenic Railroad Liability Railroad Liability GEN'L AGGREGATE LIMIT APPLIES PER: 4 POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			<b>Group Insurance Policy Northeast Rail Coalition RL-2041984-00 Terrorism Coverage Incl. S.I.R. \$5000 Psgr. Opers. S.I.R. \$25000 Freight Ops. Retro-Date: 05/23/2003</b>	<b>06/15/2011</b>	<b>06/15/2012</b>	EACH OCCURRENCE \$ <b>5,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>0</b> PERSONAL & ADV INJURY \$ <b>5,000,000</b> GENERAL AGGREGATE \$ <b>10,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS 4 HIRED AUTOS 4 SCHEDULED AUTOS NON-OWNED AUTOS			<b>RL-2041984-00</b>	<b>06/15/2011</b>	<b>06/15/2012</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

This Certificate is proof of coverage currently in effect for the above Named Insured and for Additional-Insureds on file in its application.

**CERTIFICATE HOLDER****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 <i>Walter A. Stapleton</i> Walter A. Stapleton, Jr.

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