



# CERTIFICATE OF LIABILITY INSURANCE

DATE: **Current Date**

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>Insurance Agent/Broker Name</b> <b>Mailing Address</b>	CONTACT NAME:	
	PHONE (A/C, No. Ext): (603) 334-3000	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED  <b>Contractor/Subcontractor/Concessionaire Name and Mailing Address</b>	INSURER A : <b>Insurance Company</b>	
	INSURER B : <b>Insurance Company</b>	
	INSURER C : <b>Insurance Company</b>	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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>	GENERAL LIABILITY	<b>Y</b>		<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	EACH OCCURRENCE	<b>\$1,000,000</b>	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGES TO RENTED PREMISES(Ea occurrence)	<b>\$ 100,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	<b>\$ 5,000</b>	
							PERSONAL & ADV INJURY	<b>\$1,000,000</b>	
							GENERAL AGGREGATE	<b>\$2,000,000</b>	
	PRODUCTS-COMP/OP AGG	<b>\$2,000,000</b>							
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
<b>B</b>	AUTOMOBILE LIABILITY			<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY(Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY(Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
<input type="checkbox"/> NON-OWNED AUTOS		\$							
<input checked="" type="checkbox"/>	UMBRELLA LIAB						EACH OCCURRENCE	<b>\$4,000,000</b>	
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE	\$
									\$
									\$
	DEDUCTIBLE RETENTION						\$		
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		<b>Policy Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								
	If yes, describe under DESCRIPTION OF OPERATIONS below								
	OTHER						EACH OCCURRENCE		
							AGGREGATE		

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

**Certificate holder is listed as Additional Insured (Form Number including Addition Date) with respect to General Liability arising from Operations of Named Insured. Attach: ISO Form CG2026 or Equivalent**

## ADDITIONAL INSURED:

Hunter Mountain Ski Bowl, Inc., Hunter Mountain Acquisition, Inc., Peak Resorts, Inc. Any and All Subsidiaries, Affiliates and Employees of the above.

## CERTIFICATE HOLDER

**Hunter Mountain Ski Bowl Inc.**  
Route 23A, P.O. Box 295  
Hunter, NY 12442

## 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