

Public Records Request #3132

The following materials have been gathered in response to public records request #3132. These materials include:

- Certificate of Liability Insurance – Seeland Contractors Corp.

This information was provided as a response to a public records request on 12/16/19 and is current to that date. There is a possibility of more current information and/or documents related to the stated subject matter.

Further Information

For further information about this request or the Citywide Records Program, please contact:

Cheyenne Flotree
Citywide Records Program Manager
City of Charlotte/City Clerk's Office
600 East 4th Street, 7th Floor
Charlotte, NC 28202
Cheyenne.Flotree@charlottenc.gov

Amelia Knight
Public Records Specialist
City of Charlotte/City Clerk's Office
600 East 4th Street, 7th Floor
Charlotte, NC 28202
Amelia.Knight@charlottenc.gov

Greetings,

You are receiving this email because you currently have a contract with the City of Charlotte with insurance coverage that is getting ready to expire.

In order to remain in compliance with your contract, please email an updated insurance certificate to the contact and email address attached.

Remember:

1. **Faxed or mailed certificates will no longer be accepted.**
2. **All certificates must have the corresponding contract number or project name listed in the Description of Operations section of the certificate.**
3. **If this contract is no longer in force, please contact me at the number listed so I can stop the automatic delivery of this message.**

Thank you for your help and if you have any questions, please contact me.

Contracts Department
Engineering & Property Management

704-336-2291



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/3/2018

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 James P Reagan Agency 8 E Main Street P O Box 191 Marcellus NY 13108	CONTACT NAME: PHONE (A/C, No, Ext): 315-673-2094 FAX (A/C, No): 315-673-1121 E-MAIL ADDRESS: 												
INSURER(S) AFFORDING COVERAGE													
INSURED SEALCON-02 Sealand Contractors Corp. 85 High Tech Drive P.O. Box 350 Rush NY 14543	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>INSURER A : Wesco Insurance Company</td> <td style="text-align: right;">NAIC # 25011</td> </tr> <tr> <td>INSURER B : AmTrust Insurance of Kansas Inc</td> <td style="text-align: right;">15954</td> </tr> <tr> <td>INSURER c : Hanover Insurance Companies</td> <td style="text-align: right;">22292</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Wesco Insurance Company	NAIC # 25011	INSURER B : AmTrust Insurance of Kansas Inc	15954	INSURER c : Hanover Insurance Companies	22292	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: 539614811 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5000 BI/PD DED <input checked="" type="checkbox"/> X,C,U covrg. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	WPP1051425 07	12/1/2018	12/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	TBDWPP1051425	12/1/2018	12/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired Phys.Dmg. \$ 50,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	WUM1589832-02	12/1/2018	12/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	KWC1112153	12/4/2018	12/4/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Cargo Coverage & Leased/Rented Equip. *	Y	Y	RHS D435487 01	12/1/2018	12/1/2019	\$300,000 \$1,000 Ded. \$500,000 \$1,000 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured applies when required by contract/General Liability policy is on a primary & non-contributory basis & includes products completed operations & contractual liability coverage/Auto, Umbrella & Excess Liability policies are on a primary & non-contributory basis
 Umbrella coverage follows form /Auto Hired Physical Damage Deductibles \$250 Comp/\$500 Collision
 *Builders Risk Coverage policy #RHSD43548701 Hanover Insurance Co. effective 12-1-18 to 12-1-19 Blanket limit of \$300,000 with \$1,000 Ded.
 Project: #671-14-151/Vanamassa Storm Drainage Improvement Project/contract #2019000624
 City of Charlotte is listed as additional insured.

CERTIFICATE HOLDER

CANCELLATION

City of Charlotte 600 E. 4th Street Charlotte NC 28202	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
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