

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

***** 814980728
 AG CONTRACTING SERVICES INC
 17 LINDEN STREET
 GREAT NECK NY 11021



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER AG CONTRACTING SERVICES INC 17 LINDEN STREET GREAT NECK NY 11021		CERTIFICATE HOLDER NYC DEPARTMENT OF BUILDINGS ATT. LICENSING & EXAMS UNIT 280 BROADWAY, 1ST FLOOR NEW YORK NY 10007	
POLICY NUMBER H2409 452-6	CERTIFICATE NUMBER 480874	POLICY PERIOD 02/17/2019 TO 02/17/2020	DATE 9/23/2019

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2409 452-6, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE OFFICERS OF THE INSURED CORPORATION.

PRESIDENT
 TRACI GILARDI
 AG CONTRACTING SERVICES INC
 ONE PERSON CORPORATION

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND



DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 421286622