

CONTRACTORS SPECIAL POLICY DECLARATIONS PAGE
Renewal Declaration



UTICA FIRST INSURANCE COMPANY

CONSTITUTED IN OHIO AS

UTICA FIRST INSURANCE COMPANY (MUTUAL)

Home Office - 5981 Airport Road, Oriskany NY 13424

Mail Address - P.O. Box 851, Utica, NY 13503-0851

Direct Billed - Insured

Policy Number: **ART 5030460 04**

Renewal of Number:

NAMED INSURED AND MAILING ADDRESS (Number Street, Town or City,
County, State, Zip Code)

HANDYCT.COM LLC
22 MOREHOUSE LANE
NORWALK CT 06851-9999

Agent 1582006

ROBERT C MANGI AGY INC
152 MINEOLA BLVD.
MINEOLA, NY 11501

POLICY PERIOD: 12:01 A.M. Standard Time at the Location of Designated Premises.

08/14/16

08/14/17

From

To

Item Number	Prot. Class	Rate Group	Const	Description and Location of Property Covered
1	PR	02	F	Description: CARPENTRY Location: 22 MOREHOUSE LANE NORWALK, CT 06851-9999 County: FAIRFIELD

AGREEMENT

In return for your payment of the required premium, we provide the insurance described in this policy.

LIABILITY INSURANCE

COVERAGE	LIMITS	ANNUAL PREMIUM
Each Occurrence Limit	\$ 1,000,000 /per occurrence	
Medical Payment Limit	\$ 5,000 /per person	
General Aggregate Limit (other than Products/Completed Work)	\$ 2,000,000	
Aggregate Limit (Products/Completed Work)	\$ 2,000,000	
Fire Legal Liability	\$ 50,000 /per occurrence	
Personal and Advertising Injury	\$ 1,000,000 /per occurrence	
Property Damage Deductible	\$ 0	Included

PROPERTY INSURANCE

COVERAGE	DEDUCTIBLE	LIMIT	AUTOMATIC INCREASE %	REPLACEMENT COST	ACV	PROTECTIVE DEVICES	ANNUAL PREMIUM
Building							
Business Personal Property							
Loss of Income							
Business Personal Property- Off Premises							

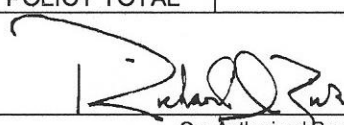
FORMS AND ENDORSEMENTS SEE FORMS INVENTORY PAGE

FORM NUMBER	DESCRIPTION	ANNUAL PREMIUM
BAI-1	Blanket Additional Insured (Contractors)	Included

\$150 Minimum Retained Premium

Name and Address
of Mortgagee:

	ANNUAL
	\$
	\$
POLICY TOTAL	\$


 Our Authorized Representative
 Countersignature Date 06/13/16