CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^ 522422767

SEGELMAN SHAW LLC DBA SEGELMAN SHAW ROOFING SIDING GUTTERS 16 SQUADRON BLVD,STE 106 NEW CITY NY 10956



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

SEGELMAN SHAW LLC DBA SEGELMAN SHAW ROOFING SIDING GUTTERS 16 SQUADRON BLVD,STE 106 NEW CITY NY 10956 **CERTIFICATE HOLDER**

COUNTY OF ROCKLAND
OFFICE OF CONSUMER PROTECTION
18 NEW HEMPSTEAD RD 6TH FL
NEW CITY NY 10956

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
G1406 144-4	734576	06/29/2018 TO 06/29/2019	5/30/2018

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1406 144-4, 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. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

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