

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/05/2008

PRODUCER
Aon Risk Services Northeast, Inc.
fka Aon Risk Services, Inc. of New York
199 Water Street
New York NY 10038-3551 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Verizon New England Inc.
140 West Street
New York NY 10007-2109 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	American Home Assurance Co.	19380
INSURER B:	Illinois National Insurance Co	23817
INSURER C:	National Union Insurance Co.	30333
INSURER D:	Insurance Company of the State of PA	19429
INSURER E:	National Union Fire Ins Co of Pittsburgh	19445

COVERAGES SIR May Apply

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 'x', 'c', 'u' included <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1595312	06/30/07	06/30/08	EACH OCCURRENCE	\$5,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
						MED EXP (Any one person)	Excluded
						PERSONAL & ADV INJURY	\$5,000,000
						GENERAL AGGREGATE	\$5,000,000
						PRODUCTS - COMP/OP AGG	\$5,000,000
A		AUTOMOBILE LIABILITY	1606848	06/30/07	06/30/08	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
A		<input checked="" type="checkbox"/> ANY AUTO	AOS	06/30/07	06/30/08	BODILY INJURY (Per person)	
A		<input type="checkbox"/> ALL OWNED AUTOS	1606849	06/30/07	06/30/08	BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS	MA			PROPERTY DAMAGE (Per accident)	
		<input type="checkbox"/> HIRED AUTOS	1606850				
		<input type="checkbox"/> NON OWNED AUTOS	VA				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY : EA ACC	
						AGG	
E		EXCESS /UMBRELLA LIABILITY	BE9834994	06/30/07	06/30/08	EACH OCCURRENCE	\$5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	Umbrella (Primary)			AGGREGATE	\$5,000,000
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION					
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1608125	06/30/07	06/30/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	
A		ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED?	AOS	06/30/07	06/30/08	E.L. EACH ACCIDENT	\$2,000,000
B		If yes, describe under SPECIAL PROVISIONS below	1608126	06/30/07	06/30/08	E.L. DISEASE-EA EMPLOYEE	\$2,000,000
			CA	06/30/07	06/30/08	E.L. DISEASE-POLICY LIMIT	\$2,000,000
			1608127				
			FL				
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Rhode Island Division of Public Utilities and Carriers is included as Additional Insured as required by written contract, excluding Workers Compensation and Employers Liability.

CERTIFICATE HOLDER **CANCELLATION**

Rhode Island Division of Public Utilities and Carriers
Attn: Thomas Ahearn
89 Jefferson Boulevard
warwick RI 02888 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Aon Risk Services Northeast Inc*

Holder Identifier : Certificate No : 570027014158



Attachment to ACORD Certificate for Verizon New England Inc.

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

INSURED

Verizon New England Inc.
140 West Street
New York NY 10007-2109 USA

INSURER F New Hampshire Ins Co	23841
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER POLICY DESCRIPTION	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
		WORKERS COMPENSATION					
C			1608128 OR	06/30/07	06/30/08		
D			1608129 AR, MA, TN, VA	06/30/07	06/30/08		
F			1608130 MI, NY, WI	06/30/07	06/30/08		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS