

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/29/2022

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	CONTACT NAME:	Shelley Winchenbach				
Marsh USA, INC. 701 Market Street, Suite 1100	PHONE (A/C, No, Ext):	207.620.3319	FAX (A/C, No):			
St. Louis, MO 63101	E-MAIL ADDRESS:	shelley.winchenbach@charter.com				
		INSURER(S) AFFORDING COVERAGE				
	COMPANY A:	National Union Fire Ins Co Pit	ttsburgh PA	19445		
INSURED	COMPANY B:	Commerce and Industry Insurance	ce Company	19410		
Charter Communications, Inc. and its subsidiaries 400 Washington Blvd.	COMPANY C:	AIU Insurance Company		19399		
Stamford, CT 06902-6641						

COVERAGES CERTIFICATE NUMBER: 395154 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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
В	X COMMERCIAL GENERAL LIABILITY	INSD	WVD	GL 3629906	1/1/2022	3/1/2023	EACH OCCURRENCE \$ \$3,000,00
	CLAIMS-MADE X OCCUR	Х					DAMAGE TO RENTED \$500,00 PREMISES (Ea occurrence)
		^					MED EXP (Any one person) \$ \$10,00
							PERSONAL & ADV INJURY \$ \$5,000,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ \$5,000,00
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ \$5,000,00
	OTHER:						\$
A A	AUTOMOBILE LIABILITY			CA 1921838 (AOS) CA 1921839 (MA)	1/1/2022	3/1/2023 3/1/2023	COMBINED SINGLE LIMIT \$5,000,00 (Ea accident)
A	X ANY AUTO			CA 1921840 (VA)	1/1/2022	3/1/2023	BODILY INJURY (Per person) \$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$
	DED RETENTION\$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			See second page for specific policy	1/1/2023	3/1/2023	X PER OTH- STATUTE ER
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A		information.	1/1/2023	3/1/2023	E.L. EACH ACCIDENT \$ \$5,000,00
	(Mandatory in NH)	14,7,4					E.L. DISEASE - EA EMPLOYEE \$ \$5,000,00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ \$5,000,00
А	Excess WC OH (\$5M Retention)			1647368	1/1/2023	3/1/2023	Employers Liability \$5,000,00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see page 2 for additional insureds and any additional language.

CERTIFICATE HOLDER CAN	ICELLATION
------------------------	------------

TOWN OF BETHEL ATTN: TOWN CLERK PO BOX 1660 19 MAIN STREET BETHEL, ME 04217

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

Marsh USA Inc.

Marsh USA Inc.

AGENCY CUSTOMER ID:	
LOC#:	



ADDITIONAL REMARKS SCHEDULE

Page	of
raue	OI

AGENCY

One Federal Street Boston, MA 02110 USA NAMED INSURED

Charter Communications, Inc. and its subsidiaries 400 Washington Blvd.

Stamford, CT 06902-6641

EFFECTIVE DATE: 01/01/2022

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM TITLE: Certificate of Liability Insurance FORM NUMBER: 25

Certificate Reference: 395154

TOWN OF BETHEL, TOWN OF BETHEL are added as Additional Insured to the Commercial General Liability policy but only with respects to the requirements of the written contract or agreement with the Named Insured. Additional Insured status becomes effective once the written contract or agreement is fully executed.

WORKERS COMPENSATION POLICY INFORMATION

Insurer		Policy Number	Effective Date	Expiration Date	
	С	80880456 (AOS)	1/1/2023	3/1/2023	
	C	80880457 (CA)	1/1/2023	3/1/2023	
	C	80880458 (WI)	1/1/2023	3/1/2023	

Charter Communications, Inc. branded Spectrum, Spectrum Business and Spectrum Enterprise and their

- Subsidiaries, associated, affiliated and inter-related companies;

- Substituting associated, affiliated and inter-related companies;
 Controlled or majority (more than 50%) owned partnerships, limited liability companies;
 Interest only in (or its subsidiaries' interest in) any other partnerships or joint ventures or limited liability companies;
 Interest in (or its subsidiaries' interest in) any company or organization coming under its active management or control;
 Any entity or party required to be insured under any contract or agreement which may now exist, may have previously existed, or may hereafter be created or acquired.

Any entity or party required to be insured under any contract or agreement which may now exist, may have previously existed, or may hereafter be created or acquired.

Bresnan Broadband Holdings, LLC, Bresnan Broadband of Colorado, LLC, Bresnan Broadband of Wooming, LLC, Bresnan Broadband of Wooming, LLC, Bright House Networks Information Services (Alabama), LLC, Bright House Networks Information Services (Florida), LLC, Bright House Networks Information Services (Indiana), LLC, Bright House Networks Information Services (Indiana), LLC, Bright House Networks Information Services (Indiana), LLC, CY Fiberlink, LLC, CV Tieberlink, LLC, CV Tie

...and any corporation or other business organization other than a joint venture in which the Named Insured shown in the declarations has or acquires during the policy period an ownership of more than 50% and which is domiciled within the United States of America, its territories or possessions, Puerto Rico or Canada.