



## Proof of Adequate Product Liability Insurance

As provided in the MMA-Certified Program, Glossary 6.1, Adequate Product Liability Insurance – An amount of liability insurance that covers the design and manufacture of products that are subject to MMA Certified and that provides the Applicant protection from potential liability associated with the Applicant's products that are MMA Certified and that names MMA and MHI as “additional insureds.”

The strict interpretation is that the Applicant has determined an appropriate level of liability coverage requirement and has obtained a liability insurance policy in that amount. As proof, the Applicant must provide a Certificate of Insurance naming Material Handling Industry (MHI) and the Monorail Manufacturers Association (MMA) as additional insureds on the liability policy. It is not the role of Staff to audit or maintain such documents, only to confirm their existence. It is the Applicant's burden to maintain these documents as current and provide Staff updated documents as changes occur.

**APPLICANT COMPANY NAME:** Gorbel, Inc.  
**APPLICANT ADDRESS 1:** PO Box 596  
**APPLICANT ADDRESS 2:**  
**APPLICANT CITY, STATE, POSTAL CODE** Fishers, NY 14453  
**APPLICANT PHONE:** 585-924-6200  
**APPLICANT FAX:** 595-924-6261

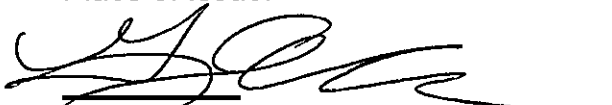
declare to hold Adequate Product Liability Insurance.

Evidence supporting this claim is maintained at:

**INSURANCE COMPANY NAME:** Broker – Brown & Brown of NY, Inc. Multiple insurance carriers – see attached certificate  
**INSURANCE ADDRESS 1:** 45 East Ave.  
**INSURANCE ADDRESS 2:**  
**INSURANCE CITY, STATE, POSTAL CODE** Rochester, NY 14604  
**INSURANCE PHONE:** 585-232-4424  
**INSURANCE FAX:**

Date of Issue: Month January, 2020

Place of Issue:

  
Gay E. Card, CFO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/02/2020

**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).**

<b>PRODUCER</b> Brown & Brown of New York, Inc. 45 East Avenue Rochester NY 14604	<b>CONTACT NAME:</b> Amber Porpora SBCS <b>PHONE (A/C, No, Ext):</b> (585) 232-4424 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Amber.Porpora@bbrochester.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Twin City Fire Insurance Company <b>INSURER B:</b> Allmerica Financial Benefit Insurance Company <b>INSURER C:</b> The Travelers Indemnity Company <b>INSURER D:</b> Great American Alliance Insurance Company <b>INSURER E:</b> The Hanover American Insurance Company <b>INSURER F:</b>	<b>NAIC #</b> 29459 41840 25658 26832 36064

**COVERAGES** CERTIFICATE NUMBER: 20-21 Master 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		01EC50F3798	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Excess - Broad Form \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>			AWS9799604	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP16N72086	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCE550449-00	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Leased or Rented Equipment			RBS9799381	01/01/2020	01/01/2021	Limit 75,000

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

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**CERTIFICATE HOLDER** **CANCELLATION**

<b>CERTIFICATE HOLDER</b> Material Handling Industry and Monorail Manufacturers Association 8720 Red Oak Blvd Ste 201 Charlotte NC 28217-3992	<b>CANCELLATION</b> 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 
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