

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/17/2017

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(les) must 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 Vivian Vaudreuil	
FIAI/Cross Insurance			PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603)	545-4331
1100 Elm Street			E-MAIL ADDRESS: vvaudreuil@crossagency.com	
			INSURER(S) AFFORDING COVERAGE	NAIC #
Manchester	NH	03101	INSURER A :Colony Insurance Company	39993
INSURED			INSURER B Ohio Casualty Insurance Company	24074
24 Restore NE LLC			INSURER C Ohio Security Ins Co	24082
10 Church Street			INSURER D Merchants Bonding Co (Mutual)	
			INSURER E:	
South Easton	MA	02375	INSURER F:]

COVERAGES CERTIFICATE NUMBER:17-18 All w/ 16-17 Bond REVISI

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	ISR TYPE OF INSURANCE		ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	X	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED	\$	1,000,000
A		CLAIMS-MADE X OCCUR			710202201	2/20/2017	2/20/2018	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY X PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Pollution Liability- each	\$	1,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
B		ANY AUTO						BODILY INJURY (Per person)	\$	
٦	X	ALL OWNED SCHEDULED AUTOS		į .	BA057057192	2/20/2017	2/20/2018	BODILY INJURY (Per accident)	\$	
l		HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s	
L								Business Auto Enhancement	\$	
		UMBRELLA LIAB X OCCUR		ŀ				EACH OCCURRENCE	\$	5,000,000
A	X	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	5,000,000
		DED RETENTION \$			710202201	2/20/2017	2/20/2018		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				XWS57833533			X PER STATUTE ER		
			N/A		(3a.) MA & NH			E.L. EACH ACCIDENT	\$	1,000,000
С	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				All officers included	2/20/2017	2/20/2018	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
D	D Fidelity Bond				5299	10/27/2016	10/27/2017	Limit		\$100,000
A	A Professional/Pollution Liab					2/20/2017	2/20/2018	Each claim \$1,000,000	Agg	\$2,000,000
						<u> </u>				

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

CERTIFICATE HOLDER	CANCELLATION					
For Informational Purposes Only Informational Purposes Only	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					
	M Ferdinando/JSC Max 9 -					

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