

		DATE (MM/DD/YYYY)
PRODUCER (781)894-8500 FAX (781)894-6603 Durkin & DeVries Ins. Agcy, LLC 131 Middlesex Turnpike Burlington, MA 01803 Douglas MacDonald		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 South Water Construction LLC 5 Pleasant Street Fifth Floor Worcester, MA 01609		INSURERS AFFORDING COVERAGE INSURER A Evanston Ins. Co. INSURER B American Home Assurance Co. INSURER C INSURER D INSURER E
		NAIC #

COVERAGES

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 ADD'L LTR	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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	05GLP1007601	07/25/2005	07/25/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC 2923097	12/14/2005	12/14/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS						

CERTIFICATE HOLDER

Sample

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
 John DeVries/DOUG 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION 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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

City of Augusta Inspection Services Division Demolition Call List and Requirements

Site Address: _____

Owner: _____

Structure Type: _____

Contractor: _____

UTILITY APPROVALS

NUMBER

CONTACT NAME/DATE CONTACTED

Central Maine Power

1-800-750-4000

SHARON 1-6-06

Verizon

1-800-941-9900

DAVE (REPAIR) 207-555-1611

Northern Utilities

797-8002 ext 6241

MARK ALLEN 1-800-924-8000 (6241)

Portland Water District

761-8310

KEVIN ISHIHARA 207-761-8300 (3072)

Time Warner Cable Co.

253-2222 w/ks?

Dig Safe ***

1-888-344-7233

*** (After Call, There is a wait of 72 Business Hours before digging can begin)

CITY APPROVALS

NUMBER

CONTACT NAME/DATE CONTACTED

DPW/ Traffic Division

874-8891

(L. Cote) LUCY 1-06-06

DPW/ Forestry Division

874-8389 - JEFF

(J. Tarling) NUMBER NOT IN SERVICE

DPW/ Sealed Drain Permit

874-8822 ←

(C. Merritt) CAROL 1-6-06

Building Inspections (Insp. Req'd.)

874-8703

Historic Preservation

874-8726

DEORA ANDREWS 1-6-06

Fire Dispatcher

874-8576

BEN DIAZ 1-6-06

DEP - Environmental (Augusta)

287-2651

SANDY MOODY 1-6-06

U.S. EPA Region 1 - No Phone call required. Just mail copy of State notification to:

Demo / Reno Clerk
US EPA Region I (SEA)
JFK Federal Building
Boston, MA 02203

ADDITIONAL REQUIREMENTS:

- 1) Written Notice to Adjoining Owners: Only when written notice has been given by the Applicant to the owners of adjoining lots will a demolition permit be issued. Provide a list of those notified and a copy of the notification sent with your completed application.
- 2) A Photo of the Structure(s) to be demolished must be submitted with your application.
- 3) Certification From an Asbestos Abatement Company that the building is asbestos-free may be required as per state law notification form attached.

I have contacted all of the necessary companies / departments as indicated above and attached all required documentation.

Signed: 

Date: 01-09-06