

CERTIFICATE OF LIABILITY INSURANCE

KMELCHER

DATE (MM/DD/YYYY) 06/14/2017

BOSTSIG-01

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).

tŀ	nis c	ertificate does	not	cor	nfer rights t	o the	certi	ificate holder in lieu of su								
PRO	DUCE	R							CONTAC NAME:	CONTACT Christine Costa						
Mason & Mason Insurance Agency, Inc. 458 South Ave. Whitman, MA 02382										PHONE (A/C, No, Ext): (781) 523-0067 FAX (A/C, No):						
										E-MAIL COSTA @masoninsure.com						
		,							INSURER(S) AFFORDING COVERAGE NAIC #							
									INSURER A : Main Street America Assurance						29939	
INSL	JRED								INSURER B : NGM Insurance Company						14788	
		Boston S	ign (Con	npany Inc.				INSURER C : Star Insurance Company						18023	
		c/o Liz Th							INSURER D :						10020	
		457 Eliot Milton, M			:				INSURER E :							
		William, Wil	~ V_		•				INSURER F :							
	VED	ACES			CER	TIEICATE NI IMPED.										
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE															LICY DEDICE	
IN C	IDIC <i>I</i> ERTI	TED. NOTWIT	HST E IS	ANE	DING ANY F ED OR MAY	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
NSR LTR		TYPE OF INSURANCE					SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	Х	_					*****			04/10/2017		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		<u> </u>	1,000,000 500,000	
		CLAIMS-MADE X OCCUR						BPF8098Y						\$	10,000	
		GEN'L AGGREGATE LIMIT APPLIES PER:										MED EXP (Any one person) \$		-	1,000,000	
												PERSONAL & ADV INJURY \$		2,000,000		
	GEN											GENERAL AGGREGATE \$		2,000,000		
		POLICY PRO- JECT LOC										PRODUCTS - COMP	P/OP AGG	\$	2,000,000	
_		OTHER:										COMBINED SINGLE	LIMIT	\$	1,000,000	
В	AUTOMOBILE LIABILITY											(Ea accident)		\$	1,000,000	
		ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X SCHEDULED AUTOS X NON-OWNED AUTOS ONLY						M1T2307U		04/10/2017	04/10/2018	BODILY INJURY (Pe	r person)	\$		
	L.											BODILY INJURY (Per accident) \$		\$		
	X											PROPERTY DAMAG (Per accident)	'E	\$		
_			Щ											\$	5 000 000	
В		UMBRELLA LIAB OCCUR						0117000711	0.4/4.0/00.47	04/10/2018	EACH OCCURRENCE \$		5,000,000			
	X							CUT2307U			04/10/2017	AGGREGATE \$		5,000,000		
	DED X RETENTION\$											555	0.711	\$		
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						W					X PER STATUTE	OTH- ER			
								WC0220760		04/10/2017	04/10/2018	E.L. EACH ACCIDEN	IT.	\$	1,000,000	
												E.L. DISEASE - EA EMPLOYEE \$		\$	1,000,000	
												E.L. DISEASE - POLICY LIMIT \$		\$	1,000,000	
DES	CRIPT	ION OF OPERATIO	NS/L	OCA	TIONS / VEHIC	LES (A	ACORE	0 101, Additional Remarks Schedu	ıle, may b	e attached if mor	e space is requir	ed)				
CE	RTIF	ICATE HOLDI	ER						CANCELLATION							
									1			· · · · · · · · · · · · · · · · · · ·				

ACORD 25 (2016/03)

B. Good

15 Exchange Street Portland, ME 04101

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