

Massachusetts - Department of Public Safety Board of Building Regulations and Standards

Construction Supervisor

Construction.
License: CS-0942b1
CHARLES B ANTI
100 BARNFIELD DRIVE
100 BARNFIELD DRIVE
100 BARNFIELD DRIVE

Expiration 10/29/2013

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (NM/DD/YYYY) 4/12/12

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 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	Section and the section of the secti	CONTACT NAME:	
O'Grady Insuran	ice Agency	PHONE FAX (A/C, No, Ext): (A/C, No):	
117 Court Street	et	E-MAIL ADDRESS:	
Plymouth, MA 02	2360	INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A : ESSEX INSURANCE CO	
NSURED		INSURER B : QUINCY MUTUAL	
NETCOM V	VIRELESS FACILITIES 2,	INSURER C: TORUS SPECIALTY INS. CO	
INC.		INSURER D: LIBERTY MUTUAL FIRE INS CO	
10 AERO	PARK DR, UNIT 3	INSURER E:	
PLYMOUTI	H, MA 02360	INSURER F:	
COVEDACES	CERTIFICATE NUMBER	REVISION NUMBER:	

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 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.

TYPE OF INSURANCE

TYPE OF INSURANCE

RESULVING

POLICY NUMBER

REVISION NUMBER:

	XCLUSIONS AND CONDITIONS OF SUCH				COULT DI	DOLLOV EYE	
INSR	TYPE OF INSURANCE	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POUCY EXP (MM/DD/YYYY)	LIMTS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER X POLICY FRO-	X.	Y	3DG5178	11/9/11	11/9/12	EACH OCCURRENCE S 1,000,000
В	AUTOMOBILE LIABILITY ANY AUTO ALLOWNED AUTOS X AUTOS X HIRED AUTOS X AUTOS AUTOS X AUTOS		¥	AFV205857	2/22/12	2/22/13	COMBINED SINGLE LIMIT S 1,000,000
С	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	X.	Y	85215C120AL1	2/9/12	2/9/13	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WÖRKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PARTINE/REXECUTIVE OFFICE RIMEMSER EXCLUDED? (flandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5-31s-375622-022	2/18/12	2/18/13	WG STATUL OTH- TORY LIMITS ER EL. EACH ACQUENT S 500,000 EL. DISEASE - EA EMPLOYEE S 500,000 EL. DISEASE - POLICY LIMIT S 500,000

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

COSTROTTA CONSTRUCTION MANAGEMENT INC AND ALL OTHER PARTIES ARE REQUIRED BY CONTRACT ARE INCLUDED AS ADDITIONAL INSUREDS ON PRIMARY AND NONCONTRIBUTORY BASIS FOR ALL GENERAL LIABILITY AND AUTO LIABILITY. EXCESS LIABILITY FOLLOWS FORM OVER GENERAL LIABILITY, AUTO LIABILITY, AND EMPLOYER LIABILITY. A WAIVER OF SUBROGATION APPLIES TO ALL POLICIES IN FAVOR OF THE ADDITIONAL INSURED

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1,2520	AUTHORIZED REPRESENTATIVE
	PATRICK O'GRADY

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD Fax: