

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/25/2017

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(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). CONTACT PRODUCER
Marsh USA, Inc. PHONE (A/C, No. Ext); E-MAIL ADDRESS; FAX (A/C, No): 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 Attn. dallas.certs@marsh.com 212-948-0519/866-966-4664 INSURER(S) AFFORDING COVERAGE NAIC# 06925 -NET-GAXSW-17-18 22667 INSURER A: ACE American Insurance Company INSURED Encisson Inc. et al. INSURER B : ACE Property & Casualty Insurance Company 20699 Attn: Jackqueline Madrid 42757 INSURER C : Agri General Insurance Company 6300 Legacy Drive Plano, TX 75024 20702 INSURER D : ACE Fire Underwriters Company **INSURER E:** INSURER F: COVERAGES CERTIFICATE NUMBER: HOU-003351907-01 **REVISION NUMBER: 3** 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 ADDLISUAR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** INSD WVD LIMITS COMMERCIAL GENERAL LIABILITY Х HDO G27865252 05/01/2017 05/01/2018 EACH OCCURRENCE DAMAGE TO RENTED 2,000,000 S CLAIMS-MADE | X | OCCUR 1,000,000 s PREMISES (Ea occurrence) 5.000 MED EXP (Any one person) \$ 2,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER 4,000,000 **GENERAL AGGREGATE** 5 PRO-JECT Х POLICY 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$ ISA H09055691 AUTOMOBILE LIABILITY 05/01/2017 OMBINED SINGLE LIMIT 05/01/2018 \$ 1,000,000 (Ea accident) Х ANY AUTO BODILY INJURY (Per person) s OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) s PROPERTY DAMAGE (Per accident) AUTOS ONLY \$ AUTOS ONLY S В Χ UMBRELLA LIAB G27975422 002 05/01/2018 Х 05/01/2017 5,000,000 OCCUR **EACH OCCURRENCE** \$ EXCESS LIAB CLAIMS-MADE 5,000,000 AGGREGATE s DED RETENTIONS ŝ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY WLR C49114977 (AOS) 05/01/2017 05/01/2018 X PER STATUTE C WLR C49114989 (TN) 05/01/2017 05/01/201B ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 1.000.000 E.L. EACH ACCIDENT \$ N N/A D 05/01/2018 SCF C49114990 (WI) 05/01/2017 (Mandatory In NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1 000 000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Project Name/Contract Number: TMO L600 **CERTIFICATE HOLDER** CANCELLATION City of Portland ME SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 389 Congress Street THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Portland, ME 04101 **AUTHORIZED REPRESENTATIVE** 

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of Marsh USA Inc. Manashi Mukherjee