



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/20/2015

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).

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| PRODUCER Eastern Insurance Group LLC 77 Accord Park Drive Unit B1 Norwell MA 02061 | | CONTACT NAME: Norwell Construct South PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: | |
| INSURED LC ANDERSON INC 15 Soldiers Field Place Brighton MA 02135 | | INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Protection Ins. Co. NAIC # 41360 INSURER B: Assoc Industries Mass Mutual INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES CERTIFICATE NUMBER: 2015 Master 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 | TYPE OF INSURANCE | ADDE. SUBR. INSR. W/V/D | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------|
| A | GENERAL LIABILITY | | | | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | 8500059525 | 6/30/2015 | 6/30/2016 | EACH OCCURRENCE \$ 1000000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 | | | | |
| | | MED EXP (Any one person) \$ 10000 | | | | |
| | PERSONAL & ADV INJURY \$ 1000000 | | | | | |
| GENL AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2000000 |
| <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2000000 |
| A | AUTOMOBILE LIABILITY | | | | | |
| | <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS | | 1020020782 | 6/30/2015 | 6/30/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | | PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | 4600060140 | 6/30/2015 | 6/30/2016 | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | MCC20004402015 (MA) | 6/30/2015 | 6/30/2016 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N | WMZ8006403012015 (NH) | 6/30/2015 | 6/30/2016 | E.L. EACH ACCIDENT \$ 1,000,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Leased/Rented Equipment | | 8500059525 | 6/30/2015 | 6/30/2016 | \$50,000/\$1,000 DED |
| A | Installation Floater | | 8500059525 | | | \$60,000/\$1,000 DED |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REF: CVS #329 111 Auburn Street, Portland ME 04103 // If required by written contract, Ted's Construction and CVS/Pharmacy Inc are named additional insured for general liability

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| CERTIFICATE HOLDER Ted's Construction PO Box 843 1081 Diamond Hill Road Woonsocket, RI 02895 | 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. |
| | AUTHORIZED REPRESENTATIVE John Koegel/JES1 |