Policy Number:

Date Entered: 8/13/2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (M M/DD/YYYY) 8/13/2020

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).

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	3552.11		NAME: PHONE FAX					
					(A/C, No, Ext,. (A/C, No):			
					ADDRESS:			1
						INSURER(S) AFFOR	RDING COVERAGE	NAIC #
					INSURER A: Name of Carrier			
NSURED					INSURER B: Name of Carrier			
					INSURER C: Name of Carrier			
					INSURER D :			
					INSURER E :			
·~	(ED ACES CED	TIFIC	` A T [NUMBED.	INSURER F : REVISION NUMBER:			
	/ERAGES CER			NUMBER:	AVE BEEN ICCUED			HE DOLLOY DEDIOD
IN I	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I (CLUSIONS AND CONDITIONS OF SUCH F	QUIR PERT	EMEN	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRAC	T OR OTHER I	DOCUMENT WITH RESPEC	CT TO WHICH THIS
SR FR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY	IIA2D	WVD	TOLICI HOMBER	(WIWINDDITTTT)	(WIWI)DD/TTTT)	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE OCCUR	Y	Y				DAMAGE TO RENTED	\$ 50,000
_	CLAIMS-MADE OCCUR	^	^	Policy #	04 (04 (005	01/01/2001	PREMISES (Ea occurrence)	
					01/01/2000		MED EXP (Any one person)	\$5,000
-							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:						BI/PD per	\$5,000
٦	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$300,000 or
3	X ANY AUTO		X			01/01/2001	BODILY INJURY (Per person)	\$ 100,000
	OWNED SCHEDULED		Pol	Policy #	01/01/2000		BODILY INJURY (Per accident)	\$ 300,000
	AUTOS ONLY AUTOS NON-OWNED			<u>-</u> "	02, 02, 2000		PROPERTY DAMAGE	\$ 50,000
	AUTOS ONLY AUTOS ONLY						(Per accident)	\$
-	UMBRELLA LIAB		V					
цļ	Z OCCOR		X				EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
_	DED RETENTION \$						L LOTU	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
. An	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	ΝΙΔ	AX	Policy #	01/01/2000	01/01/2001	E.L. EACH ACCIDENT	\$500,000
	Mandatory in NH)			_ 31131 H	01,01,2000	, , , , , , , ,	E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule	e, may be attached if more	e space is required)		
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signature of agent