



INSURANCE BINDER

DATE (MM/DD/YYYY)

10/16/19

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY AMAZONia Insurance Agency Inc. 66 Bow Street Somerville, MA 02143		COMPANY ARBELLA PROTECTION		BINDER # 3185	
PHONE (A/C, No, Ext): 617-625-1900		FAX (A/C, No): 617-666-0037		DATE EFFECTIVE 05/02/19	TIME AM PM
CODE: AGENCY CUSTOMER ID: 4470		SUB CODE:		DATE EXPIRATION 06/01/19	
INSURED AND MAILING ADDRESS INTENSITY SPRAY FOAM INC 19 EVERETT AVE STE 2 SOMERVILLE, MA 02145		<input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 1020062182			
		DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location)			

COVERAGES

TYPE OF INSURANCE	COVERAGE / FORMS	LIMITS		
		DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	RETRO DATE FOR CLAIMS MADE: Policy Eff: 01/17/19 - 01/17/20			
VEHICLE PHYSICAL DAMAGE <input checked="" type="checkbox"/> COLLISION: 500 <input checked="" type="checkbox"/> OTHER THAN COL: 300	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES			
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				
SPECIAL CONDITIONS / OTHER COVERAGES				
		<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT		
		<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT \$ 1,000,000		
		EACH OCCURRENCE \$		
		DAMAGE TO RENTED PREMISES \$		
		MED EXP (Any one person) \$		
		PERSONAL & ADV INJURY \$		
		GENERAL AGGREGATE \$		
		PRODUCTS - COMP/OP AGG \$		
		BODILY INJURY (Per person) \$		
		BODILY INJURY (Per accident) \$		
		PROPERTY DAMAGE \$		
		MEDICAL PAYMENTS \$		
		PERSONAL INJURY PROT \$		
		UNINSURED MOTORIST \$		
		AUTO ONLY - EA ACCIDENT \$		
		OTHER THAN AUTO ONLY:		
		EACH ACCIDENT \$		
		AGGREGATE \$		
		EACH OCCURRENCE \$		
		AGGREGATE \$		
		SELF-INSURED RETENTION \$		
		PER STATUTE		
		E.L. EACH ACCIDENT \$		
		E.L. DISEASE - EA EMPLOYEE \$		
		E.L. DISEASE - POLICY LIMIT \$		
		FEEES \$		
		TAXES \$		
		ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS

COPLEY DESIGNS & DEVELOPMENT LLC
 26 ARROWHEAD FARM RD
 BOXFORD, MA 01921

<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE
<input type="checkbox"/> LENDER'S LOSS PAYABLE		
LOAN #:		
AUTHORIZED REPRESENTATIVE AMAZONIA INSURANCE AGENCY -		