

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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 state

certificate holder in lieu of such endorsement(s).  PRODUCER  JOHN LLAMBINGLIDANOE A OFMER AND ENDORSEMENT POLICIES may require a							CONTACT NAME: Jeanne McPhail				
JOHN J LAMB INSURANCE AGENCY INC						PHONE					
24 NORTH OT						(A/C, No, Ext): (781) 749-6960 FAX E-MAIL (A/C, No):					
24 NORTH ST HINGHAM						ADDRESS: kariny@jlambinsurance.com					
					MA 02043	INCUE	I NA IN	NSURER(S) AFF	ORDING COVERAGE	NAIC #	
						INSURER A: LM INS CORP			33600		
INTENSITY SPRAY FOAM INC						INSURER B:					
						INSURER C:					
399 MAIN ST STE 3						INSURE	ERD:				
MEDFORD MA 02155						INSURER E :					
OVERAG		CF	RTIF	ICAT	MA 02155 E NUMBER: 475867	INSURE					
THIS IS T	O CERTIFY TH								REVISION NUMBER:		
CERTIFICATE	ATE MAY BE IS NS AND COND	TANDING ANY SSUED OR MAY ITIONS OF SUC	REQU Y PEF H POI	IREMI RTAIN, ICIES	ENT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	N ISSUED T Y CONTRAC THE POLICI	O THE INSUIT OR OTHER	REVISION NUMBER: RED NAMED ABOVE FOR THE POL RED DOCUMENT WITH RESPECT TO ED HEREIN IS SUBJECT TO ALL S	ICY PERIC	
SR R	TYPE OF INSU	RANCE		LOOD		BEEN			•	THE TERMS	
COI	MMERCIAL GENER		INS	D WVE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY	POLICY EXP (MM/DD/YYYY	LIMITS		
	CLAIMS-MADE	OCCUR							EACH OCCURRENCE \$		
									DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
			-		N1/A				MED EXP (Apy one name)		
GEN'L AG	GREGATE LIMIT A	PDI IES DED.	-		N/A				PERSONAL & ADV INJURY \$		
POL	PRO-								GENERAL AGGREGATE \$		
ОТН	JEC1	LOC .									
	BILE LIABILITY		-	-					PRODUCTS - COMP/OP AGG \$		
									COMBINED SINGLE LIMIT		
ALL	ANY AUTO  ALL OWNED  SCHEDULED  AUTOS  NON-OWNED	SCHEDULED							(Ea accident)		
				N/A				BODILY INJURY (Per person) \$			
HIRE	DAUTOS	AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE		
LIMP	DELL ALLOS								(Per accident) \$		
	RELLA LIAB	OCCUR							\$		
LAGE	SS LIAB	CLAIMS-MADE			N/A				EACH OCCURRENCE \$		
WORKERS	COMPENSATION	V\$							AGGREGATE \$		
AND EMPL	OYERS' LIABILITY								\$ PER STU		
OFFICER/IV	IETOR/PARTNER/E		N/A	N/A	1440			11/19/2020	X PER OTH- STATUTE ER		
If yes descr	in NH)				WC531S600126019	1	11/19/2019		E.L. EACH ACCIDENT \$ 1,000	0,000	
DÉSCRIPTI	ON OF OPERATIO	VS below							E.L. DISEASE - EA EMPLOYEE \$ 1,000	0,000	
									E.L. DISEASE - POLICY LIMIT \$ 1,000	0,000	
					N/A						
ms for ber s certificat le date of	e of insurance	shows the police	ther t	han M	on the date that this certifica	hires, c	t to Endorse or has hired	ment WC 20 those employ	ed) 03 06 B, no authorization is given yees outside of Massachusetts. Ition date on the above policy precing of Coverage Verification of Coverage verification.		
	E HOLDER	v/iwa/workers-	comp	ensat	of this coverage can be mo ion/investigations/.		adily by doc	cooning the P	Tool of Coverage - Coverage Verif	cation	
IVAI	- HOLDER					CANCE	LLATION				
								DATE THE	SCRIBED POLICIES BE CANCELLE REOF, NOTICE WILL BE DELIV PROVISIONS.	D BEFORE ÆRED IN	
					A	AUTHORIZED REPRESENTATIVE					
						- TIONIZ	LE VELKESEN	IATIVE			

© 1988-2014 ACORD CORPORATION. All rights reserved.