

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/18/2015

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		CONTACT Sylvia Lent				
Kaplansky - Fairhaven 208 Washington Street		PHONE (A/C, No, Ext): 508-984-1616 FAX (A/C, No): 508-98	34-1919			
Fairhaven MA 02719		E-MAIL ADDRESS: slent@kaplansky.com	E-MAIL ADDRESS: Slent@kaplansky.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #			
		INSURER A: The Hartford				
INSURED	ELEGIN1	INSURER B : Commerce Ins Co				
Elegance In Granite LLC		INSURER C:				
57 Granite Street Worcester MA 01604		INSURER D:				
Worcester WA 01004		INSURER E:				
		INSURER F:				
		1000000				

COVERAGES CERTIFICATE NUMBER: 474636800 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.

NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	Х	COMMERCIAL GENERAL LIABILITY	Υ	Υ	08SBMIL3855	3/10/2015	3/10/2016	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$10,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
3	AUT	OMOBILE LIABILITY	Υ	Υ	BCRL41	8/19/2014	8/19/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	Χ	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
									\$
Α	Х	UMBRELLA LIAB X OCCUR	Υ	Υ	08SBMIL3855	3/10/2015	3/10/2016	EACH OCCURRENCE	\$3,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED X RETENTION \$10,000							\$
4		KERS COMPENSATION EMPLOYERS' LIABILITY			08WECCR4818	9/26/2014	9/26/2015	X PER OTH- STATUTE ER	
AND EMPLOTERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					E.L. EACH ACCIDENT	\$500,000	
							E.L. DISEASE - EA EMPLOYEE	\$500,000	
							E.L. DISEASE - POLICY LIMIT	\$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is an additional insured on a primary, non-contributory basis with a waiver of subrogation for general, auto, and excess liability of the insured, if required by written agreement with the insured.

CERTIFICATE HOLDER	CANCELLATION			
Elegance in Granite LLC 3 ROUNDY ROAD	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Lynnfield MA 01609 United States	AUTHORIZED REPRESENTATIVE			
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