

## CERTIFICATE OF LIABILITY INSURANCE

MERRI-8

OP ID: RS

DATE (MM/DD/YYYY)

07/18/2018

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). PRODUCER DeSanctis Insurance Agcy, Inc. PHONE (A/C, No, Ext): 781-935-8480 E-MAIL ADDRESS: FAX (A/C, No): 781-933-5645 100 Unicorn Park Drive Woburn, MA 01801 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Westchester Surplus Lines Ins 10172 INSURED Merrimack Environmental INSURER B: Carrier Will Send Certificate Solutions, Corp. INSURER C : 599 Canal St 6 East 8-9 Lawrence, MA 01840 INSURER D : INSURER E : INSURER F : **COVERAGES** CERTIFICATE NUMBER: 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD LIMITS A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 \$ X OCCUR CLAIMS-MADE G27927385003 11/19/2017 11/19/2018 50,000 \$ 10,000 MED EXP (Any one person) \$ 1,000,000 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 \$ POLICY X PRO-2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER \$ **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS \$ NON-OWNED PROPERTY DAMAGE HIRED AUTOS \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 11/18/2017 11/18/2018 MA-CERTIFICATE TO BE SENT 100,000 N N/A E.L. EACH ACCIDENT (Mandatory in NH) DIRECTLY FROM THE CARRIER 100,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 500,000 Pollution G27927385003 11/19/2017 11/19/2018 Occs \$1 Million Professional G27927385003 11/19/2017 11/19/2018 Aggs \$2 Million DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: Various Projects CERTIFICATE HOLDER CANCELLATION ISUM-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN FOR INFORMATION PURPOSES ONLY ACCORDANCE WITH THE POLICY PROVISIONS. **AUTHORIZED REPRESENTATIVE**