

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/26/2021

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 NAME: Edina Braga		
ALPHA INSURANCE AGENCY INC		PHONE (A/C, No, Ext): (978) 459-4547 FAX (A/C, No):		
		E-MAIL ADDRESS: business@alphainsuranceinc.com		
648 CENTRAL ST		INSURER(S) AFFORDING COVERAGE	NAIC#	
LOWELL	MA 01852	INSURER A: TRAVELERS INDEMNITY CO OF AMERICA	25666	
INSURED		INSURER B:		
VIVARE HOME SOLUTIONS INC		INSURER C:		
		INSURER D:		
195 SALEM ST APT 22		INSURER E :		
MEDFORD	MA 02155	INSURER F:		
COVERAGES	CERTIFICATE NUMBER: 636288	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.				

INSR LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ CLAIMS-MADE OCCUR \$ PREMISES (Ea occurrence) MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$

GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS ALITOS \$ UMBRELLA LIAB OCCUR **EACH OCCURRENCE** \$ **EXCESS LIAB** N/A CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION X | PER STATUTE AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ 1,000,000 E.L. EACH ACCIDENT N/A N/A N/A 6HUB4N73974020 12/17/2020 12/17/2021 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

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

N/A

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER		CANCELLATION	
Structural Preservation Systems LLC		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
623 Main St Suite 21A		AUTHORIZED REPRESENTATIVE	
Woburn	MA 01801	Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRIBMA	

E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

If yes, describe under DESCRIPTION OF OPERATIONS below