



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) **2/20/2014**

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
 R.S. Gilmore Insurance Agency, Inc.
 27 Elm St.
 P. O. Box 126
 N. Attleboro
 MA 02761

INSURED
 All Washed Up Mobile Washing, Inc.
 Po Box 521
 Taunton
 MA 02780

CONTACT
 NAME: Jay Aguiar
 PHONE (A/C No., Ext.): (508) 699-7511
 FAX (A/C No.): (508) 695-3957
 ADDRESS:

INSURER(S) AFFORDING COVERAGE
 INSURER A: Travelers C & S of IL
 19046
 INSURER B: Safety Indemnity Insurance Co.
 33618
 INSURER C: Travelers Indemnity Company
 25658
 INSURER D:
 INSURER E:
 INSURER F:

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	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		680549M6045	11/23/2013	11/23/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>				
B	ANY AUTO	<input checked="" type="checkbox"/>	6203526	6/2/2013	6/2/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Included
	UMBRILLA LIAB	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
C	WORKERS COMPENSATION	DED <input checked="" type="checkbox"/> RETENTION \$10,000	CWP9C48694A	11/23/2013	11/23/2014	
	EXCESS LIAB	<input checked="" type="checkbox"/>				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

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

CERTIFICATE HOLDER
 Wilder Companies
 300 Providence Hwy
 Dedham, MA 02026

AUTHORIZED REPRESENTATIVE
 Tim Gilmore/AMKAHA

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.