| ACORD |  |
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/26/2019

| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(es) must be endorsed. If SUBROATION IS WAVED, subject to the certificate holder in fluo of such endorsement (s).     INSURED, subject to this certificate does not confer rights to the certificate holder in fluo of such endorsement (s).       PROCESS     INSURED, Subject to this certificate holder in fluo of such endorsement (s).     INSUE (s), such and subject to the certificate holder in fluo of such endorsement (s).     INSUE (s), such and su   | C<br>B   | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
|---|--|--|--------------|-------------|----------------------------------|---|----------------------------|----------------------------|----------------------------------|---------------|---|--|--|--|
| Percencer John McLauphin Agy 282 Lynn Fels Pkwy Meirose MA 02178  828 Lynn Fels Pkwy Meirose MA 02178  828 Lynn Fels Pkwy Meirose MA 02178  840 Contracting, Inc. 25 Seaview Avenue Winthrop MA 02152  FACH3 Basers - Eine Mercury Insurance Company  | the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the   |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| John McLaughin Agy     Ball unit File PRAY     Melrose MA 02176     Magness MA 02177     Magness MA 021777     Magnes     | PRODUCER CONTACT   |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Meinode MA 021767  Neuronal Contracting, Inc.  Statuse at First Mercuran Contracting, Inc.  Statuse at First Mercuran Contracting, Inc.  Statuse at First Mercuran Contracting, Inc.  Statuse at Example Contracting, Inc.  S |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Insulation         Insulation <thinsulation< th="">         Insulation         Insulati</thinsulation<>   |  |  |              |             |                                  | E MAU   |                            |                            |                                  |               |   |  |  |  |
| Name         PAGE 5         Human 2         PAGE 5         Human 2         PAGE 5           23 Seaview Avenue         Multicle Address 2         Add Address 2  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Page Restoration and Contracting, Inc.     Page Restoration and Page Restoration     Page Restorati     |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| 23 Serview Avenue     Insultance Colling     24074       Winthrop MA 02152     Insultance Colling     24074       Insultance Colling     Insultance Colling     Insultance Colling     24074       Insultance Colling     CERTIFICATE NUMBER: 957214201     Insultance Colling     Insultance Colling       This is To Colling     Insultance Colling     Insultance Colling     Insultance Colling     Insultance Colling       EXCLUSIONE AND COLUMENT KIT THE POLICIES OF INSURATION OF ADV CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ISSUED TO THE POLICIES DESCRIPTION OF ADV CONTRACT OR OTHER DOC     Insultance Colling       EXCLUSIONE AND COLUMENT KIT THE INSURANCE LISTED DESCRIPTION OF ADV CONTRACT OR OTHER DOC     Insultance Colling     Insultance Colling       Commercial Laboration     Insultance Colling     Insultance Colling     Insultance Colling     Insultance Colling       Commercial Laboration     Insultance Colling     Insultance Colling     Insultance Colling     Insultance Colling       Commercial Laboration     Insultance Colling     Insultance Colling     Insultance Colling     Insultance Colling     Insultance Colling       Commercial Laboration     Insultance Colling     Insultance Colling  | MOORED   |  |              |             |                                  | INSURER B : Evanston Insurance Co.  |                            |                            |                                  |               |   |  |  |  |
| Virithrop MA 02152  Verificate Accord and the acco |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
|   |  |  |              |             |                                  | INSURE  | к d : Ohio Ca              | sualty Insurar             | nce Co                           |               | 24074                                   |  |  |  |
| COVERAGES         CERTIFICATE NUMBER:           THIS IS TO CERTIFY THAT THE POLICE'S CERTIFY THAT THE POLICE'S PERIOD         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICE'S CERTIFY THAT THE POLICE'S PERIOD         REVISION NUMBER:           CERTIFICATE NOTWITHSTADING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLUMENT WITH RESPECT TO WHICH THIS           CERTIFICATE NOTWORK         POLOCY CUP OF NUMBER:           REVISION SOF SUCH POLICIES.         Status SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.           REVISION SOF SUCH POLICIES.         MONOR           A         COMMERCIAL GERERAL LUBLITY         GL0.064/48           QEADOTION OF ORCELLATION         Status SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.           REVISION NUMBER:         GL0.064/48           QEADOTION         QEADOTION           QEADOTION OF ORCELLATION         Status SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS.           REVERTIFY THAT THAT THE INSPECTATION NUMBER         WOND PAID THAY POLICIES BY COMMAND           QUE COMMERCIAL GERERAL LUBLITY         GL0.064/48           QEADOTION         QEADOTION           QUE COMMERCIAL GERERAL LUBLITY         BADOSODYTAL           QUE COMMERCIAL GERERAL LUBLITY         BADOSODYTAL           QUE COMMERCIAL GERERAL LUBLITY         BADOSODYTAL           QUE COMMERCIAL GERERAL LUBLITY         BADOSODYTAL      <  |  |  |              |             |                                  | INSURE  | RE:                        |                            |                                  |               |   |  |  |  |
| THIS IS TO CERTIFY THAT THE FOLCIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE AFOR THE FOLCY PERIOD       INDICATE: NOTWITHSTANDING ANY RECTAIN, THE INSURANCE AFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH FOLCIES. LIMITS SHORE TO WHICH THE SERVICE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH FOLCIES. LIMITS SHORE AND CONDITIONS OF SUCH FOLCIES. SECONDARIOS SHORE AND CONDITIONS OF SUCH FOLLIES. SCHEDULED AND CONDITIONS OF SUCH FOLLIES. SCHEDULED AND CONDITIONS OF SUCH FOLLIES. SCHEDULES. SCHEDULES. SCHEDULES. SCHEDULES AND CONDITIONS OF SUCH FOLLIES. SCHEDULES AND CONDITIONS OF SUCH   |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAROLESS DESCRIED. HEREIN IS SUBJECT TO ALL THE TERMS.       EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAROLESS DESCRIED. HEREIN IS SUBJECT TO ALL THE TERMS.       A     CLAMIS MADE       A     COLONITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAROLESS DESCRIED. HEREIN IS SUBJECT TO ALL THE TERMS.       A     CLAMIS MADE       CLAMIS MADE     COLONITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAROLESS DESCRIED. HEREIN IS SUBJECT TO ALL THE TERMS.       A     CLAMIS MADE     DOLLY NUMBER       A     CLAMIS MADE     SCHOOLY NUMBER       B     CLAMIS MADE     SCHOOLY NUMBER       B     COMPOP AGG S2000.00     SCHOOLY NUMBER       CINITATION OF AUY CONTRACT     SCHOOLY NUMBER       A     OCCUR     SCHOOLY NUMBER       B     AUTOROBIL LIABLITY     BAD58057134     9/24/2019     SCHOOLY NUMPY RESPROY       B     AUTOROBIL LIABLITY     BAD58057134     9/24/2019     SCHOOLY NUMPY RESPROY     SCHOOLY NUMPY RESPROY       B     AUTOROBIL VIABLITY     BAD58057134     9/24/2019     SCHOOLY NUMPY RESPROY     SCHOOLY NUMPY RESPROY       B     AUTOROBIL VIABLITY     BAD58057134     9/24/2019     SCHOOLY NUMPY RESPROY  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| A       X       COMMERCIAL COMPLEX       \$ 1.000,000         A       C.A.MNS-MADE       X       OCCURE       \$ 0.000,000         GEN_ACCORRECT       LIMING TO REFUSA       \$ 0.000,000         GEN_ACCORRECT       JECC       2.000,000       \$ 0.000,000         GEN_ACCORRECT       JECC       3.000,000       \$ 0.000,000         GEN_ACCORRECT       JECC       JECC       S 0.000,000         GEN_ACCORRECT       JECC       JECC       S 0.000,000         AUTOONNE       X       SCHEDULED       S 0.000,000         AUTOONNE       X       SCHEDULED       S 0.000,000         AUTOONNE       X       SCHEDULED       S 0.000,000         AUTOONNE       X       S 0.000,000   | 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. |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Culamis-MADE       OCCUR       1.000.000         GeNL AGGREGATE LIMIT APPLIES PER:       F         POLICY       BCD       Statualed         POLICY       BCD       COMMING VERSION         AVY AUTO       Statualed       F         AVY AUTO       Statualed       Statualed         AVY AUTO       Statualed       Statualed         AVY AUTO       Statualed       Statualed         AVY AUTO       Statualed       Statualed         AVTONOBLE LIABLITY       BAD98057134       9/24/2019       9/24/2020       COMMING SINGLE LIMIT       Statualed         B       X       MATONED       Statualed       Statualed       Statualed         B       X       MANAUTO       Statualed       Statualed       Statualed         C       WORKELIA LIAB       CCULW       CULWY847418       9/24/2019       9/24/2020       EACH OCCURRENCE       Statualed         C       WORKE Statualed       N/A       R2WC001880       Statualed       Statualed       Statualed         C       WORKE Statualed       N/A       R2WC001880       9/24/2019       9/24/2020       EACH OCCURRENCE       Statualed         C       WORKE Statualed       N/A       R2WC001880  |  | TYPE OF INSURANCE  | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER                    |   | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                           |               |   |  |  |  |
| C       MCD EXP (Any one person)       \$ Excluded         PRODUCTS       COMMENDE LABULTY       BA058057134       9/24/2019       9/24/2019       9/24/2020       CMEMENDE ONNUE LIMIT       \$ 1,000,000         D       AVTOMOBILE LABULTY       BA058057134       9/24/2019       9/24/2019       9/24/2020       Excluded       \$ 1,000,000         B       AVTOMOBILE LABULTY       BA058057134       9/24/2019       9/24/2019       9/24/2020       Excluded       \$ 1,000,000         B       AVTOMOBILE LABULTY       BA058057134       9/24/2019       9/24/2020       Excluded       \$ 1,000,000         B       AVTOMOBILE LABULTY       BA058057134       9/24/2019       9/24/2020       Excluded       \$ 1,000,000         B       AVTOR       AVTOR       AVTOR       CUMMENDARDE       CUMMENDARDE       \$ 1,000,000         C       WORKERS CALUBED       CUMMENDARDE       N       R2WCO61880       9/24/2019       9/24/2020       Excluded       S 1,000,000         C       WORKERS CALUBED       VIA       N       R2WCO61880       9/24/2019       9/24/2020       X       Excluded       S 1,000,000         C       WORKERS CALUBED       N / A       N       R2WCO61880       S 2,000,000       S 1,000,000  | А  |  |              |             | GLO-584945                       |   | 9/24/2019                  | 9/24/2020                  | EACH OCCURRENCE \$ 1,            | 000,000       |   |  |  |  |
| Image: Control of the second secon                 |  |  |              |             |                                  |   |                            |                            | PREMISES (Ea occurrence) \$50    | ,000          |   |  |  |  |
| GENL AGGREGATE LIMIT APPLIES PER:       POUCY       FEED       LOC         OTHER:       D       PRODUCTS - COMPOP AGG \$ 2,000,000       PPODUCTS - COMPOP AGG \$ 2,000,000         D       AUTOMOBILE LIABILITY       BA058057134       9/24/2019       9/24/2020       ECOMENNED SINGLE LIMIT \$ 1,000,000         AVY AUTO       AUTOMOBILE LIABILITY       BA058057134       9/24/2019       9/24/2020       BOOLY NULRY (Per preson) \$       BOOLY NULRY (Per preson) \$         B       X       SCHEDULED NORTHED XINGLE LIMIT \$ 1,000,000       PER PROPERTY DAMAGE \$ 10,000,000       PER PROPERTY DAMAGE \$ 10,000,000         EXCESS LIAB       CLAIMS-MADE       CUBW7847418       9/24/2019       9/24/2020       ALCH OCCURRENCE \$ 10,000,000         DED       RETENTION \$ 10,000       CLAIMS-MADE       PER PROPERTY DAMAGE \$ 10,000,000       PER PROPERTION OF OPERATIONS \$ 10,000,000       PER PROPERTY DAMAGE \$ 10,000,000       PER PROPERTY DAMAGE \$ 10,000,000       PER PROPERTY PER PROPERTY PER PROPERTY \$ 10,000,000       PER PROPERTY PER PROPERTY PER PROPERTY PER PROPERTY \$ 10,000,000       PER PROPERTY PE  |  | · ·  |              |             |                                  |   |                            |                            | MED EXP (Any one person) \$ Ex   | Excluded      |   |  |  |  |
| POLICY       PROC       LOC       PRODUCTS - COMPIOP AGG       \$ 2,000,000         O       AUTOMORE LABLITY       BAOS8057134       9/24/2019       9/24/2019       9/24/2019       9/24/2019       BOOLY NUURY (Per perion)       \$         AUTOMORE LABLITY       BAOS8057134       9/24/2019       9/24/2019       9/24/2019       BOOLY NUURY (Per perion)       \$       BO  |  | · · · · · · · · · · · · · · · · · · ·  |              |             |                                  |   |                            |                            | PERSONAL & ADV INJURY \$1,       | 000,000       |   |  |  |  |
| Image: Control of OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       \$ <ul> <li>Should any of The Report Single and the provisions.</li> <li>Single and the provisions.</li> </ul> <ul> <li>Single and the provisions.</li> <li>Single and the provisions.</li> <li>Single and the provisions.</li> <li>Single and the provisions.</li> </ul> <ul> <li>Single and the provisions.</li> <li>Single and the provisions.</li> <li>Single and the provisions.</li> </ul> <ul> <li>Single and the provisions.</li> </ul> <ul> <li>Single and the provisions.</li> </ul>  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| C       AUTOMOBILE LABILITY       BAO58057134       9/24/2019       9/24/2019       9/24/2010       COMBINE ELIMIT       \$ 1,000,000         ANY AUTO       AUTOS       X       SCHEDULED       S       BODILY INJURY (Per person)       \$         B       AUTOS       X       MONOWNED       AUTOS       X       BODILY INJURY (Per person)       \$         B       X       UMBRELLA LIAB       X       OCCUR       CLUBW/7847418       9/24/2019       9/24/2019       9/24/2010       AGREGATE       \$ 10,000,000         B       X       UMBRELLA LIAB       X       OCCUR       CLUBW/7847418       9/24/2019       9/24/2019       9/24/2010       AGREGATE       \$ 10,000,000         B       X       RETENTIONS 10,000       N       N       N       R2WC061880       9/24/2019       9/24/2010       X       Y       PER       \$       \$         AV PROPRIETOR PARTNERSATION       N       N       N       R2WC061880       9/24/2019       9/24/2010       X       Y       Y       N       N       AGREGATE       \$ 1,000,000       EL       L.D.GEASE - EA EMPLOYEE \$ 1,000,000       EL       D.D.D.C.EX EASE - EA EMPLOYEE \$ 1,000,000       EL       D.D.D.C.EX EASE - EA EMPLOYEE \$ 1,000,000       EL       D.D.D.C.EX EA  |  |  |              |             |                                  |   |                            |                            |                                  | 00,000        |   |  |  |  |
| C       Avy Auto       Automs       Schedulie       File accidenti       1_00,000         Automs       Automs       Schedulie       Schedulie<  |  |  |              |             | PA059057124                      |   | 0/24/2010                  | 0/24/2020                  |                                  |               |   |  |  |  |
| ALL OWNED<br>AUTOS       X       SchuluteD<br>AUTOS       X       SchuluteD<br>AUTOS       X       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>AUTOS       SchuluteD<br>SchuluteD<br>AUTOS       SchuluteD<br>AUTOS  | D  |  |              |             | BA036037134                      |   | 9/24/2019                  | 9/24/2020                  | (Ea accident) <sup> </sup>       | 000,000       | <u>1,000</u>                            |  |  |  |
| X       AUTOS       X   |  | ALL OWNED V SCHEDULED  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Image: Sector of the solution o                               |  | X NON-OWNED  |              |             |                                  |   |                            |                            | PROPERTY DAMAGE                  |               |   |  |  |  |
| B       X       UMBRELLA LIAB       X       OCCUR       CUBW7847418       9/24/2019       9/24/2020       EACH OCCURRENCE       \$ 10,000,000         AGGREGATE       \$ 10,000,000       AGGREGATE       \$ 10,000,000       AGGREGATE       \$ 10,000,000         C       WORKERS COMPENSATION<br>AND EMPLOYERS YLABILITY<br>AND EMP                   |  | HIRED AUTOS AUTOS  |              |             |                                  |   |                            |                            | (Per accident)                   |               |   |  |  |  |
| EXCESS LIAB       CLAIMS-MADE       AGGREGATE       DISCOUNCEDED       CLAIMS-MADE         Deb       X       RETENTION \$ 10,000.       RETENTION \$ 10,000.000.       RET   | В  | X UMBRELLA LIAB X OCCUR  |              |             | CUBW7847418                      |   | 9/24/2019                  | 9/24/2020                  |                                  | \$ 10.000.000 |   |  |  |  |
| C       DED       X RETENTION \$ 10.000       \$         C       WORKERS COMPENSATION<br>AND EMPLOYERS LIABILITY<br>ANY PROPRIETOR/PARTINER/EXECUTIVE<br>(Mandatory in NH)<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below       N / A       N / A         DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT       \$1,000,000         EVIDENCE of Insurance.       CANCELLATION       CANCELLATION       VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         EVIDENCE of Insurance.       CANCELLATION       Should Any of The Above DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.   |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| C       WORKERS COMPENSATION       WORKERS COMPENSATION       VIN       N         AND EMPLOYERS LIABILY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICE/RAMEMEER EXCLUDED?       V/N       N       N       R2WC061880       9/24/2019       9/24/2020       X       YERTUTE       ETH-<br>EL. EACH ACCIDENT       \$ 1,000,000         If yes, describe under<br>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES       N   |  |  |              |             |                                  |   |                            |                            |                                  | ,000,00       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
| Any PROPRIETOR PRATINER/EXECUTIVE<br>OFFICEENMEMBER EXCLUDEO?<br>(Mandatory in NH)<br>Hyes, dascribe under<br>DESCRIPTION OF OPERATIONS below       N / A         DESCRIPTION OF OPERATIONS / UCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT \$ 1,000,000         DESCRIPTION OF OPERATIONS / UCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       E.L. DISEASE - POLICY LIMIT \$ 1,000,000         CERTIFICATE HOLDER       CANCELLATION       CANCELLATION         City of Boston ISD<br>1010 Mass Ave.<br>1010 Mass Ave.       Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.  | С  | WORKERS COMPENSATION   |              | N           | R2WC061880                       |   | 9/24/2019                  | 9/24/2020                  |                                  |               |   |  |  |  |
| Mandatory in NH)       EL. DISEASE - EA EMPLOYEE       \$ 1,000,000         Mandatory in NH)       EL. DISEASE - FA EMPLOYEE       \$ 1,000,000         DESCRIPTION OF OPERATIONS below       EL. DISEASE - POLICY LIMIT       \$ 1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES       (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Evidence of Insurance.       Exitence         CERTIFICATE HOLDER       CANCELLATION         City of Boston ISD       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         City of Boston ISD       Authorized Representative   |  | ANY PROPRIETOR/PARTNER/EXECUTIVE   |              |             |                                  |   |                            |                            |                                  | \$ 1,000,000  |   |  |  |  |
| DESCRIPTION OF OPERATIONS below       E.L. DISEASE - POLICY LIMIT \$ 1,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Evidence of Insurance.         CERTIFICATE HOLDER         CANCELLATION         City of Boston ISD<br>1010 Mass Ave.         Discription of Operation of the above described policies be cancelled before<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.  |  | (Mandatory in NH)  | N/A          |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Evidence of Insurance.         CERTIFICATE HOLDER         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.         AUTHORIZED REPRESENTATIVE   |  | If yes, describe under<br>DESCRIPTION OF OPERATIONS below  |              |             |                                  |   |                            |                            | E.L. DISEASE - POLICY LIMIT \$1, | 000,000       |   |  |  |  |
| Evidence of Insurance.         CERTIFICATE HOLDER         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.         AUTHORIZED REPRESENTATIVE   |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Evidence of Insurance.         CERTIFICATE HOLDER         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.         AUTHORIZED REPRESENTATIVE   |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| Evidence of Insurance.         CERTIFICATE HOLDER         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.         City of Boston ISD 1010 Mass Ave.         Authorized Representative   |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| CERTIFICATE HOLDER       CANCELLATION         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE         City of Boston ISD       THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         D1010 Mass Ave.       AUTHORIZED REPRESENTATIVE  |  |  | LES (A       | CORD        | 0 101, Additional Remarks Schedu | ile, may b  | e attached if mor          | re space is requir         | ed)                              |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.  |  |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |
| City of Boston ISD<br>1010 Mass Ave.<br>Authorized Representative   | CE   | RTIFICATE HOLDER   |              |             |                                  | CANC  | ELLATION                   |                            |                                  |               |   |  |  |  |
|   | City of Boston ISD<br>1010 Mass Ave.   |  |              |             |                                  | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                            |                            |                                  |               |   |  |  |  |
| John Mataughlin   |  |  |              |             |                                  |   | AUTHORIZED REPRESENTATIVE  |                            |                                  |               |   |  |  |  |
|   | Nohn Mortaughlin   |  |              |             |                                  |   |                            |                            |                                  |               |   |  |  |  |

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