ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/01/2016

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).

OCITIFICATE HOTAGI III HOA	or odori ondoroomoni(o).					
PRODUCER		CONTACT NAME:				
USI Insurance Services	LLC	PHONE (A/C, No, Ext): 855 874-0123				
3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123		E-MAIL ADDRESS:				
		INSURER(S) AFFORDII	NAIC#			
		INSURER A: Ironshore Specialty Ins	25445			
Locke Crane Services, LLC PO Box 219 11 Onway Lake Road		INSURER B : National Casualty Com	11991			
		INSURER C : American Southern Ho	41998			
		INSURER D :				
		INSURER E :				
Raymond, NH	1 03077	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:				
		OW HAVE BEEN ISSUED TO THE INSURED NAM				

SR R	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY		х	NGB0091800	12/18/2015		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
X BI/PD Ded:5,000							MED EXP (Any one person)	\$Excluded
							PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY	х	х	2LA6CA000009600	12/18/2015	12/18/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	AG160							\$
Α	X UMBRELLA LIAB X OCCUR	х	х	× BU0037300	12/18/2015	12/18/2016	EACH OCCURRENCE	\$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$5,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION		х	WCC336019A	12/18/2015	12/18/2016	X PER OTH-	
A	AND EMPLOYERS' LIABILITY Y / N NY PROPRIETOR/PARTNER/EXECUTIVE T Mandatory in NH)				0		E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
Riggers Liability		Х	X	NGB0091800	12/18/2015	12/18/2016	\$1,000,000 Ded \$5,0	000
		-			5 340			

** Workers Comp Information **

Proprietors/Partners/Executive Officers/Members Excluded:

Ken Locke, Owner

Project: Stormwater Management Treatment System,69 Rover Street, Everett, MA

(See Attached Descriptions)

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
	E. Gald Jan

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