

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

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 have ADDITIONAL INSURED provisions or 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	_N/	AME: HONE		FAX				
Insurance Company Info	(A	/C, No, Ext):		(A/C, No):				
		Ā	DDRESS:					
			INS	SURER(S) AFFOR	RDING COVERAGE		NAIC #	
		IN	SURER A:				ļ	
INSURED	IN	INSURER B:						
Owner's Contact Info			INSURER C:					
		IN	SURER D :			$\Delta$		
		IN	SURER 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.  INSER!   POLICY EFF   POLICY EXP								
TYPE OF INSURANCE	INSD WVI	DOLLOY NUMBER	(MM/DD/YYYY)		LIMIT	s		
COMMERCIAL GENERAL LIABILITY				,	EACH OCCURRENCE	\$		
CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
					MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$		
POLICY JECT LOC					PRODUCTS - COMP/OP AGG	\$		
L CTUED						•		
OTHER: AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT	\$		
AG OMOBILE LIABILITY					(Ea accident)	-2		
ANY AUTO SCHEDULED					BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$		
AUTOUSINE)						\$		
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
DED RETENTION\$						\$		
WORKERS COMPENSATION					PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$		
'If yes, describe under DESCRIPTION OF OPERATIONS below			'		E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL Device Type (Amusement List/Tran			ay be attached if more s	space is required	,			

CERTIFICATE HOLDER	CANCELLATION			
Commonwealth of Mass.				
Division of Professional Licensure	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
Office of Public Safety and Inspections	ACCORDANCE WITH THE POLICY PROVISIONS.			
1000 Washington Street, Suite 710				
Boston, MA 02118	AUTHORIZED REPRESENTATIVE			

ACORD 25 (2016/03)

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