

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2015

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).

certificate floraer in fied of such endorsement(s).							
PRODUCER		CONTACT NAME: Julia Beatrice					
Southeast Agency, LI	ıC	PHONE (A/C, No, Ext): (860)376-2535 FAX (A/C, No): (860)376-8					
108 Main Street		E-MAIL ADDRESS: juliab@seagencies.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
Jewett City	CT 06351	INSURER A: Star Indemnity & Liability	Co				
INSURED		INSURER B Granite State Insurance					
Tri S Environmental	Services Inc	INSURER C: Harleysville Worcester Ins Co 26182					
25 Pinney Street		INSURER D:Star Surplus Lines Insurance Co					
		INSURER E:					
Ellington	CT 06029	INSURER F:					

COVERAGES CERTIFICATE NUMBER:CL154103558

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	SR TR TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Y) LIMITS			
		GENERAL LIABILITY								EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
_	X	X COMMERCIAL GENERAL LIABILITY						4/1/2015	4/1/2016	PREMISES (Ea occurrence)	\$	50,000
A		CLAIMS-MADE X OCCUR		х	x	SLSLEIL72025115	1, 1, 2013	1, 1, 2010	MED EXP (Any one person)	\$	5,000 1,000,000	
1										PERSONAL & ADV INJURY	\$	2,000,000
1									GENERAL AGGREGATE	\$		
1		I'L AGGREGATE LIMIT A								PRODUCTS - COMP/OP AGG	\$	1,000,000
	Х	POLICY PRO- JECT	LC	C						COMPINED ONIOLE LIMIT	\$	
1	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
l _A	Х	X ANY AUTO								BODILY INJURY (Per person)	\$	
**	ALL OWNED SCHEDULED AUTOS				SISIPCA08231315	4/1/2015	4/1/2016	BODILY INJURY (Per accident)	\$			
1	Х	X HIRED AUTOS X NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
			7.0.00							Medical payments	\$	5,000
		UMBRELLA LIAB	x occ	UR	x	x				EACH OCCURRENCE	\$	4,000,000
lρ	х	EXCESS LIAB	CLAIMS-MADE		E					AGGREGATE	\$	4,000,000
	DED RETENTION\$				SLSLXNV73018515	4/1/2015	4/1/2016		\$			
В	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									X WC STATU- TORY LIMITS OTH- ER		
1				IVE —	N/A					E.L. EACH ACCIDENT	\$	1,000,000
1				N/A		WC001652801	3/4/2015	3/4/2016	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
									E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
С	C MOTOR TRUCK CARGO					СІМ00000071879К	4/29/2015	4/29/2016	Single Conveyance/\$100,000			

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

CENTIFICATE HOLDER	CANCELLATION
FOR BIDDING PURPOSES	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
	Louise Gerber/JULIA Jouise Berber

CANCELLATION

CERTIFICATE UOI DER

ADDITIONAL COVERAGES										
Ref #	Description Coverage Code Contractors Pollution OCC						Form No.	Edition Date		
Limit 1 1,000,	1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium			
Ref #	Description Coverage Contrctors Pollution AGG						Form No.	Edition Date		
Limit 1 2,000,	Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type 2,000,000						Premium			
Ref #	Descriptio PRIMARY	n ' AND NON-CONTI	RIBUTORY			Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium			
Ref #	Descriptio ADDITION	n NAL INSURED				Coverage Code	Form No.	Edition Date		
Limit 1	I	Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium	ım		
Ref #	Descriptio WAIVER	n OF SUBROGATION	N			Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium			
Ref #	Descriptio	n	Coverage Code	Form No.	Edition Date					
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	Descriptio	n				Coverage Code	Form No.	Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium			
Ref #	P Description Coverage Code							Edition Date		
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	tible Type	Premium	1		
Ref #	Descriptio	n	Coverage Code	Form No.	Edition Date					
Limit 1	Limit 1 Limit 2 Limit 3 Deductible			Deductible Amount	Dedu	Ctible Type	Premium			
Ref #	Descriptio	n	,	,	ı	Coverage Code	Form No.	Edition Date		
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium			
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