OP ID: WM



CERTIFICATE OF LIABILITY INSURANCE

02/15/2018

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).

continuate mercer in near or each endercomonicon.					
PRODUCER McLaughlin Insurance Agency	CONTACT NAME:				
828 Lynn Fells Parkway	PHONE FAX (A/C, No, Ext): (A/C, No):				
Melrose, MA 02176	E-MAIL ADDRESS:				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A : INSURANCE CARRIERS				
INSURED Subcontractor, Design-Builder	INSURER B : LISTED HERE				
or Consultant Name Street	INSURER C:				
City/Town, MA ZIP	INSURER D:				
-	INSURER 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
	s	LIMIT	(MM/DD/YYYY)	POLICY EFF (MM/DD/YYYY)	POLICY NUMBER	SUBR	ADDL INSD	INSR LTR TYPE OF INSURANCE
1,000,000	\$	EACH OCCURRENCE						A X COMMERCIAL GENERAL LIABILITY
	\$	DAMAGE TO RENTED PREMISES (Ea occurrence)			POLICY NUMBER	Y	Y	CLAIMS-MADE X OCCUR
	s	MED EXP (Any one person)						X CG0001
1,000,000	\$	PERSONAL & ADV INJURY						or equivalent
2,000,000	\$	GENERAL AGGREGATE						GEN'L AGGREGATE LIMIT APPLIES PER:
2,000,000	\$	PRODUCTS - COMP/OP AGG						POLICY X PRO- JECT LOC
	\$							OTHER:
1,000,000	\$	COMBINED SINGLE LIMIT (Ea accident)						AUTOMOBILE LIABILITY
	\$	BODILY INJURY (Per person)			POLICY NUMBER	Y	Y	B ANY AUTO
	\$	BODILY INJURY (Per accident)						ALL OWNED X SCHEDULED AUTOS
	\$	PROPERTY DAMAGE (Per accident)						X HIRED AUTOS X NON-OWNED AUTOS
	\$							X CA0001
5,000,000	\$	EACH OCCURRENCE						X UMBRELLA LIAB X OCCUR
5,000,000	\$	AGGREGATE			POLICY NUMBER	Y	Y	C EXCESS LIAB CLAIMS-MADE
	\$							DED RETENTION\$
		X PER OTH- STATUTE ER						WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
500,000	\$	E.L. EACH ACCIDENT			POLICY NUMBER	Y	N/A	D ANY PROPRIETOR/PARTNER/EXECUTIVE
500,000	\$	E.L. DISEASE - EA EMPLOYEE					""	(Mandatory in NH)
500,000	\$	E.L. DISEASE - POLICY LIMIT						DESCRIPTION OF OPERATIONS below.
\$2M/\$3M		Claim/Agg			POLICY NUMBER	Υ		E PROFESSIONAL LIAB Applicable to
\$2M/\$3M		Occ/Agg			POLICY NUMBER	Υ	Υ	F POLLUTION LIAB . Design
	\$	Claim/Agg				١.	Y	Consultants

Project No. WC XX-XXX, Project Name & Location. Windover Construction Inc. and (Owner) are included as additional insureds on a Primary and non-contributory basis on General, Auto and Umbrella/ Excess liability policies, including on GL and Excess for claims arising from completed operations. There are no exclusions on any policy for residential work. A Waiver of Subrogation shall apply in favor of the Additional Insured parties on all policies including Worker's Compensation.

Windover Construction, Inc. 66 Cherry Hill Dr.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Beverly, MA 01915	John Mayaklin