JAMIARATRA

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 3913

DATE (MM/DD/YYYY) 8/19/2014

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).

PRODUCER HUB International New England 299 Ballardvale St Wilmington, MA 01887 978 657-5100		CONTACT Certificate Dept	
		PHONE (A/C, No, Ext): 978 657-5100 FAX (A/C, No): 866 475 7959 E-MAIL ADDRESS: nee.certificates@hubinternational.com	
		INSURER A: Travelers Casualty Co of CT	
		J.A. Miara Transportation Crane Svs, Russell-Stime Harnum Rigging 140 West St Wilmington,	
	INSURER C: Princeton Excess & Surplus Line		
	INSURER D: Commonwealth Transportation		
	INSURER E: Hanover Insurance Company		22292
	INSURER F: Travelers Indemnity Company		
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:	

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 ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY Α Y630717K2946 08/17/2014 08/17/2015 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY \$100,000 CLAIMS-MADE X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$2,000,000 PRODUCTS - COMP/OP AGG POLICY X PRO-08/17/2014 08/17/2015 COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY YAO840717K2934 s1,000,000 MCS-90 BODILY INJURY (Per person) ANY AUTO \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS Ull CA 23 17 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) X HIRED AUTOS S **UMBRELLA LIAB** X 08/17/2014 08/17/2015 EACH OCCURRENCE X OCCUR YSMCUP717K3408 s2m / 3m C **EXCESS LIAB** X CLAIMS-MADE 66A3FF000090201 08/17/2014 08/17/2015 AGGREGATE \$5,000,000 X RETENTION \$0 DED WORKERS COMPENSATION 01/01/2014 01/01/2015 X WC STATU-D WC00115114 AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$1,000,000 E.L. EACH ACCIDENT N N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below \$1,000,000 E.L. DISEASE - POLICY LIMIT Warehouse Legal IHN540739017 01/01/2014 01/01/2015 1.250.000 E Rigger's Coverage IHN540739017 01/01/2014 01/01/2015 1.000.000 IHN540739017 01/01/2014 01/01/2015 2,000,000 Motor Truck Cargo

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
General Liability: Blanket Additional Insured Status and Waiver of Subrogation as required by written contract. Coverage is Primary/Non-contributory when required by written contract. Auto Liability: Blanket Additional Insured Status and Waiver of Subrogation as required by written contract.

(A) Trailer Interchange Coverage YAO840717K2934IND14 08/17/2014-08/17/2015 \$50,000 Deductible \$1,000.

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
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