



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2016

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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Foy Insurance Group - Pembroke<br>570 Pembroke St.<br><br>Pembroke NH 03275 |  | <b>CONTACT NAME:</b> Tami O'Neill, CISR<br><b>PHONE (A/C, No. Ext):</b> (603)224-1121<br><b>FAX (A/C, No):</b> (603)224-4827<br><b>E-MAIL ADDRESS:</b> tami.oneill@foyinsurance.com |  |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
|  |  | <b>INSURER A: Main Street America Assurance</b>   |  |
|  |  | <b>INSURER B: United Financial Casualty Co.</b>   |  |
|  |  | <b>INSURER C: NGM Insurance Co.</b>   |  |
|  |  | <b>INSURER D:</b>   |  |
|  |  | <b>INSURER E:</b>   |  |
|  |  | <b>INSURER F:</b>   |  |

**COVERAGES**

CERTIFICATE NUMBER: Master 16/17

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 | TYPE OF INSURANCE   | ADDL INSD   | SUBR WVD | POLICY NUMBER              | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                            |
|----------|---|---|----------|----------------------------|-------------------------|-------------------------|---|----------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |   |          | BPT1179F<br>Form# BPM 3100 | 7/3/2016                | 7/3/2017                | EACH OCCURRENCE                           | \$ 1,000,000               |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |   |          |                            |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000                 |
|          | <input checked="" type="checkbox"/> Blanket Add'l Insured   |   |          |                            |                         |                         | MED EXP (Any one person)                  | \$ 10,000                  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |   |          |                            |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000               |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |   |          |                            |                         |                         | GENERAL AGGREGATE                         | \$ 2,000,000               |
|          | OTHER:  |   |          |                            |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000               |
|          |   |   |          |                            |                         |                         |   | \$                         |
| B        | <b>AUTOMOBILE LIABILITY</b>   |   |          | 03818801-0                 | 7/3/2016                | 7/3/2017                | COMBINED SINGLE LIMIT (Ea accident)       | \$ 1,000,000               |
|          | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS   | <input checked="" type="checkbox"/> SCHEDULED AUTOS                 |          |                            |                         |                         |   | BODILY INJURY (Per person) |
|          | <input checked="" type="checkbox"/> HIRED AUTOS   | <input checked="" type="checkbox"/> NON-OWNED AUTOS                 |          |                            |                         |                         | BODILY INJURY (Per accident)              | \$                         |
|          |   |   |          |                            |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                         |
|          |   |   |          |                            |                         |                         |   | \$                         |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB   |   |          | CUT1179F                   | 7/3/2016                | 7/3/2017                | EACH OCCURRENCE                           | \$ 1,000,000               |
|          | <input type="checkbox"/> EXCESS LIAB  | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE |          |                            |                         |                         |   | AGGREGATE                  |
|          | DED   | RETENTION \$  |          |                            |                         |                         |   | \$                         |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |   |          | 3A States: NH              | 7/3/2016                | 7/3/2017                | PER STATUTE                               | OTH-ER                     |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               | Y/N   | N/A      | Excluded: Thomas Hartley   |                         |                         | E.L. EACH ACCIDENT                        | \$ 1,000,000               |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |   |          | WCT1179F                   |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$ 1,000,000               |
|          |   |   |          |                            |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$ 1,000,000               |

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

Any Person or Organization, including Certificate Holder, is additional insured if written signed contract, agreement, or permit to such exists prior to loss subject to forms indicated above in General Liability section.

**CERTIFICATE HOLDER****CANCELLATION**

|             |  |
|-------------|--|
| SAMPLE COPY | 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<br><br>Michael Foy/PSUE  |

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