

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/03/2022

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).									
PRODUCER				CONTACT NAME:					
Marsh USA, Inc.				PHONE FAX					
1166 Avenue of the Americas New York, NY 10036			E-MAIL						
			ADDRESS:						
						RDING COVERAGE		NAIC #	
CN101545073Prof-22-23			Nooker A. Everest Hallohan instraines company					10120	
Wareham MA 3, LLC			INSURER B : N/A					N/A	
c/o Con Edison Development			INSURER C : N/A					N/A	
100 Summit Lake Drive, Ste. 210 Valhalla, NY 10595			INSURER D :						
			INSURER E :						
			INSURER F :						
COVERAGES CERTIFICATE NUMBER:			NYC-011491487-02 REVISION NUMBER: 6						
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 POLICY EFF POLICY EFF POLICY EFF POLICY EFF									
LTR TYPE OF INSURANCE A X COMMERCIAL GENERAL LIABILITY	INSD WV	D POLICY NUMBER EN4GL00337-221		(MM/DD/YYYY) 09/01/2022	(MM/DD/YYYY) 09/01/2023			6,000,000	
		LN4GL00337-221		07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED	\$		
CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	1,000,000	
						MED EXP (Any one person)	\$	6,000,000	
						PERSONAL & ADV INJURY	\$		
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	6,000,000	
X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	6,000,000	
OTHER:				00/01/2022	00/01/0000	COMBINED SINGLE LIMIT	\$		
		EN4CA00425-221 (AOS)		09/01/2022	09/01/2023	(Ea accident)	\$	1,000,000	
		EN4CA00426-221 (MA)		09/01/2022	09/01/2023	BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
DED RETENTION \$							\$		
A WORKERS COMPENSATION		EN4WC00225-221		09/01/2022	09/01/2023	X PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	1,000,000	
(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE		1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICT LIMIT	φ		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC		D 101. Additional Remarks Schedu	ile, mav be	e attached if mor	e space is requir	ed)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is/are included as additional insured (except Workers' Compensation) where required by written contract subject to policy terms and conditions.									
General Liability policy includes sudden and accidental pollution coverage									
CERTIFICATE HOLDER				CANCELLATION					
Town of Wareham									
54 Marion Rd. Wareham, MA 02571				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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