

CERTIFICATE OF LIABILITY INSURANCE

#297 =2 (MM/DD/YYYY) 02/15/22

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:					
AMAZONia Insurance Agency Inc.									PHONE (A/C, No, Ext): 617-625-1900 FAX (A/C, No): 617-666-0037					
66 Bow Street Somerville, MA 02143									E-MAIL ADDRESS:					
									INSURER(S) AFFORDING COVERAGE NAIC #					
									INSURER A: AIM Mutual Insurance Co				IIIIO II	
INSURED									INSURER B:					
US SIDING & ROOFING INC									INSURER C :					
373 BOSTON POST RD STE 1 SUDBURY, MA 01776									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.														
INSR LTR	NSR TYPE OF INSURANCE					SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
		COMMERCIAL GENERAL LIABILITY							,		EACH OCCURRENCE	\$		
		CLAIMS-MADE OCCUR									DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
		<u> </u>									MED EXP (Any one person)	\$		
										PERSONAL & ADV INJURY	\$			
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$		
		POLICY PR	CT	LOC							PRODUCTS - COMP/OP AGG	\$		
		OTHER:										\$		
	AUT	OMOBILE LIABILIT	ſΥ								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO OWNED		ecuepui ep							BODILY INJURY (Per person)	\$		
		AUTOS ONLY HIRED		SCHEDULED AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
		AUTOS ONLY		AUTOS ONLY							(Per accident)	\$		
			Щ									\$		
		UMBRELLA LIAB EXCESS LIAB	-	OCCUR							EACH OCCURRENCE	\$		
				CLAIMS-MADE	_						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION										PER OTH- STATUTE ER	\$		
	AND EMPLOYERS' LIABILITY Y/N			N/A				12/16/21	12/16/22		_	1,000,000		
Α	OF FIGURE WILLIAM LACEODED!					VWC10060255272021A				E.L. EACH ACCIDENT	\$	1,000,000		
	If yes	Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	1,000,000		
	DES	CRIPTION OF OPER	KATIC	DNS below							E.L. DISEASE - POLICY LIMIT	Ф	1,000,000	
DES	CRIPT	ION OF OPERATIO	NS/	LOCATIONS / VEHIC	LES (ACOR	D 101, Additional Remarks Sched	lule, may	be attached if m	ore space is req	uired)	1		
CEI	RTIF	ICATE HOLDE	R					CANCELLATION						
John Scherry 58 Greenlawn Ave Newton, MA 02459									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					
110111211, 11111 02 100								Danis A						
								thousand !						