

CERTIFICATE OF LIABILITY INSURANCE

NSEVERSON

DATE (MM/DD/YYYY) 12/5/2018

SALSCLU-01

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.

	SUBROGATION IS WAIVED, subject size conferments to subject the subject to subject to subject the subject to subject the subject to subject the subject to subject the subject to subject to subject the subject to subject to subject the subject to subject to subject to subject the subject to subject to subject to subject to subject the subject to subject to subject to subject to subject to subject the subject to sub				ich end	lorsement(s)		require an endorsemen	t. As	tatement on	
PRODUCER AP Intego Insurance Group, LLC 1601 Trapelo Rd Suite 280 Waltham, MA 02451						CONTACT NAME: PHONE FAX					
						PHONE FAX (A/C, No, Ext): (A/C, No):					
						E-MAIL ADDRESS: support@apintego.com					
				INSURER(S) AFFORDING COVERAGE				NAIC #			
				INSURER A : Guard Insurance Group***					25844		
Sal's Club Inc DBA Divinity Construction 1223 Enterprise Dr Unity #1 Port Charlotte, FL 33953						INSURER B:					
						RC:					
						INSURER D:					
						INSURER E:					
						RF:					
СО	VERAGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:			
IN C E	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY REPORTED OR MAY ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCHI	EQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	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)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							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 AND EMPLOYERS' LIABILITY			I				X PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		SAWC969552		4/25/2018	4/25/2019	E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	500,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER						CANCELLATION					
Proof of Coverage						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 From Latter 1					