

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/30/2016

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

certifica	ate holder in lieu of such endorsement(s).						
PRODUCER Nationwid	le Sales Solutions Inc	CONTACT NAME:	NAME:				
3230 Maiden Lane P.O. BOX 10 Manchester, MD 21102-0010			0-239-7506				
		E-MAIL ADDRESS:					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Harford Mutual Insurance Co.	14141				
INSURED	Boston Builders, Inc. Charles Wilson 801 Sullivan Rd. Westminster, MD 21157	INSURER B:					
		INSURER C:					
		INSURER D :					
		INSURER E :					
		INSURER F:					
COVERA	GES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS		D BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE R CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT					
OFFICE	CATE MAY BE ISSUED OF MAY DEPTAIN THE INCHES	NOT AFFORDED BY THE BOLIGIES DESCRIBED HEREIN IS SHEET TO A	II THE TERMS				

INSU				INSURER B :			
Charles Wilson 801 Sullivan Rd. Westminster, MD 21157			INSURER C :				
			INSURER D :				
	,			INSURER E :			
				INSURER F :			
CO	/ERAGES CER	TIFICATI	E NUMBER:	REVISION NUMBER:			
TH IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE BEEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO	CT TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S
A	X COMMERCIAL GENERAL LIABILITY	INSD WVD	T OLIO T TOMOLIT	(MINIODI TTTT	(IIIIII)	EACH OCCURRENCE	s 500,000
	CLAIMS-MADE X OCCUR		9150552	03/23/2016	03/23/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000
	OB MING MANAGE					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 1,000,000
	X POLICY PRO-					PRODUCTS - COMP/OP AGG	s 1,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
	ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	1550
	AUTOS AUTOS NON-OWNED					PROPERTY DAMAGE	s
	HIRED AUTOS AUTOS					(Per accident)	\$
							100
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$					▼ PER OTH-	\$
	DRKERS COMPENSATION ID EMPLOYERS' LIABILITY Y/N					X PER STATUTE OTH-	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	4077380	03/21/2016	03/21/2017	E.L. EACH ACCIDENT	\$ 100,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	
	DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 500,000
	RIPTION OF OPERATIONS / LOCATIONS / VEHIC						
DES		ACCA	D 101, Additional Remarks Screen	ie, may be accorded if ino	to space to requi		
CE	RTIFICATE HOLDER			CANCELLATION			
	BOSTON BUILDERS 801 Sullivan Road	INC.	BOSBUI1		N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.	

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