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**CERTIFICATE OF INSURANCE**

THIS CERTIFICATE IS NOT A POLICY OF INSURANCE AND 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 OF A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

NAME AND ADDRESS OF INSURANCE COMPANY:

**ELECTRIC INSURANCE COMPANY**  
 75 SAM FONZO DRIVE  
 BEVERLY, MA 01915  
 LDI COI 263494 09 10

COMPANIES AFFORDING COVERAGES	
COMPANY LETTER	<b>A ELECTRIC INSURANCE COMPANY</b>
COMPANY LETTER	<b>B</b>
COMPANY LETTER	<b>C</b>
COMPANY LETTER	<b>D</b>

NAME AND ADDRESS OF INSURED:

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. **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).**

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
					EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL FORM <input checked="" type="checkbox"/> PREMISES-OPERATIONS <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS HAZARD <input checked="" type="checkbox"/> BLANKET CONTRACTUAL INSURANCE <input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input checked="" type="checkbox"/> ADVERTISING LIABILITY <input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS <input checked="" type="checkbox"/> SEPARATION OF INSUREDS <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> OCCURRENCE FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> COMPREHENSIVE FORM <input checked="" type="checkbox"/> OWNED <input checked="" type="checkbox"/> HIRED <input checked="" type="checkbox"/> NON-OWNED			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> FOLLOWING FORM			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
	<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>			<input checked="" type="checkbox"/> STATUTORY LIMITS		
				EACH ACCIDENT		
				DISEASE-POLICY LIMIT		
				DISEASE-EACH EMPLOYEE		

REMARKS:

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

DATE ISSUED:

\_\_\_\_\_  
 Authorized Representative