ACORD, CERTIFICATE OF LIABILITY INSURANCE					Date (MM/DD/YY)
PRODUCER	UPON THE CERTIFICAT HOLDER. THIS CERTIF	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
Aon Risk Services, Inc. of Massachusetts One Federal Street Boston, MA 02110 USA		COMPANY			
Telephone # 617-457-7651		COMPANY	nce Carrier		NAIC#
INSURED Subcontractor Name and Address		COMPANY			NAIC #
Successful Control and Address		COMPANY			
Telephone #		COMPANY			NAIC #
THIS IS TO CERTIFY THAT 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. THE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
CO LTR TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	EXPIRATION DATE		LIMITS
A GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  (CCOMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR  X ISO Form CG 00 01 or Equivalent				Per Claim/Occ \$ 1 General Agg \$ 2,0 Prod & Comp Opp Personal & Adv. In Fire Damage \$ 50,	000,000 p Agg \$ 2,000,000 njury \$ 1,000,000
X Per Project Aggregate B AUTOMOBILE LIABILITY	Policy#	MM/DD/YYYY	MM/DD/YYYY	Medical Expense \$ 5,000  Combined Single Limit \$ 1,000,000	
X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS					
X ISO Form CA 00 01 or Equivalent C UMBRELLA/EXCESS LIABILITY	Policy #	MM/DD/YYYY	MM/DD/YYYY	Per Claim/Occ \$ 5,000,000	
X UMBRELLA FORM OTHER THAN UMBRELLA FORM  D WORKERS COMPENSATION AND	Policy #	MM/DD/YYYY	MM/DD/YYYY	Aggregate \$ 5,000,000	
EMPLOYERS' LIABILITY THE PROPRIETOR / INCL PARTNERS/EXECUTIVE OFFICIERS EXCL	Policy#	MM/DD/YYYY	MM/DD/YYYY	EL Each Accident EL Disease Policy EL Disease Each	\$ 500,000
Tared.	Folicy #	WHWI/DID/1111	WIWI/DD/1111	EL Discase Each A	Accident \$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS  Description of Project (Project Name, Project Number, Project Location):  The Certificate Holder and all other entities required by specific contract is included as an Additional Insured on a Primary and Non-Contributory basis on all coverages other than Workers Compensation. Additional Insured coverage on General Liability and Excess Liability includes Completed Operations. Waiver of Subrogation applies in favor of certificate holder on all policies.					
ERRIFICATE HOIDER  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,					
Shawmut Woodworking & Supply, Inc.	THE CERTIFIC	THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER			
dba Shawmut Design and Construction	OBLIGATION	NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY			
560 Harrison Avenue OF ANY KIND UPON THE COMPANY, ITS AGENTS OI					REPRESENTATIVES.
Boston, MA 02118	AUTHORIZED REPRESENTAT	AUTHORIZED REPRESENTATIVE			