

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) / /

| PRODUCER () - Brewer & Lord LLC 600 Longwater Dr. P.O. Box 9146 Norwell MA 02061-9146 | 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. | | | | | | | | | | | | |
|--|--|-----------------------------|--------|-----------------------------------|--|-----------------------------------|--|-----------------------------------|--|------------|--|------------|--|
| INSURED Contractor Address Town / City MA 11111- | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">INSURERS AFFORDING COVERAGE</th> <th style="width:30%;">NAIC #</th> </tr> <tr> <td>INSURER A: A.M. Best "A-" Carrier</td> <td></td> </tr> <tr> <td>INSURER B: A.M. Best "A-" Carrier</td> <td></td> </tr> <tr> <td>INSURER C: A.M. Best "A-" Carrier</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table> | INSURERS AFFORDING COVERAGE | NAIC # | INSURER A: A.M. Best "A-" Carrier | | INSURER B: A.M. Best "A-" Carrier | | INSURER C: A.M. Best "A-" Carrier | | INSURER D: | | INSURER E: | |
| INSURERS AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | |
| INSURER A: A.M. Best "A-" Carrier | | | | | | | | | | | | | |
| INSURER B: A.M. Best "A-" Carrier | | | | | | | | | | | | | |
| INSURER C: A.M. Best "A-" Carrier | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | |

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | ADD'L LTR | INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|------|-----------|-------|---|---------------|----------------------------------|-----------------------------------|--|--------------|
| A | | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | POLICY NUMBER | 01/01/2008 | 01/01/2009 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | / / | / / | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | | | | | / / | / / | MED EXP (Any one person) | \$ 5,000 |
| | | | | | / / | / / | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | / / | / / | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | / / | / / | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| A | | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | POLICY NUMBER | 01/01/2008 | 01/01/2009 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | | | | | / / | / / | BODILY INJURY (Per person) | \$ |
| | | | | | / / | / / | BODILY INJURY (Per accident) | \$ |
| | | | | | / / | / / | PROPERTY DAMAGE (Per accident) | \$ |
| | | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | / / | / / | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | / / | / / | OTHER THAN EA ACC | \$ |
| | | | | | / / | / / | AUTO ONLY: AGG | \$ |
| A | | | EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | POLICY NUMBER | 01/01/2008 | 01/01/2009 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | / / | / / | AGGREGATE | \$ |
| | | | | | / / | / / | | \$ |
| | | | | | / / | / / | | \$ |
| | | | | | / / | / / | | \$ |
| A | | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | POLICY NUMBER | 01/01/2008 | 01/01/2009 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER | |
| | | | | | / / | / / | E.L. EACH ACCIDENT | \$ 500,000 |
| | | | | | / / | / / | E.L. DISEASE - EA EMPLOYEE | \$ 500,000 |
| | | | | | / / | / / | E.L. DISEASE - POLICY LIMIT | \$ 500,000 |
| | | | OTHER | | / / | / / | | |
| | | | | | / / | / / | | |
| | | | | | / / | / / | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 General Liability coverage applies on a primary & Non-contributory basis and includes Massachusetts Technology Park Corporation & The Rebate Recipient as additional insured. General Liability and Umbrella policies include coverage for independent or sub-contractors and "Residential" work.

| | |
|--|---|
| CERTIFICATE HOLDER () - () - Massachusetts Technology Park Corp. 75 North Drive Northboro, MA 01581 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE AGENT SIGNATURE |
|--|---|

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.