



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2022

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. 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).

<b>PRODUCER</b> Cambridge 1361 Cambridge St Cambridge MA 02139	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 617-492-4150 <b>E-MAIL ADDRESS:</b> info@kaplansky.com <b>FAX (A/C, No):</b> 617-492-0139
<b>INSURED</b> Tom Irwin Inc Paradigm Real Estate LLC 13 A Street Burlington MA 01803	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Hanover Insurance Company <b>INSURER B:</b> Selective Insurance Company <b>INSURER C:</b> Technology Insurance Company <b>INSURER D:</b> Westchester Surplus Lines <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**

CERTIFICATE NUMBER: 1543623805

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZBYA233925-08	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A9108993	11/1/2021	11/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHYA233927-07	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 Prod/Comp Ops Agg \$ 9,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	TWC3939965	2/24/2021	2/24/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability Occurrence Form Deductible			G24390226 009	4/26/2021	4/26/2022	Each Poll Condition 1,000,000 Aggregate Limit 1,000,000 Per Poll Condition 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\* Contractual Liability per general liability form CG0001 0413, umbrella/excess liability form 475-0001 0118 and pollution form ENV-1200 0310. Umbrella/Excess Liability policy is an excess follow form over general liability, auto liability and employers liability.

Operations: Gardening and Farming Supplies Distributor, Dealer and Retail Operations

The certificate holder is an additional insured on a primary non-contributory basis with a waiver of subrogation as respects general liability if required by written agreement with the insured per company form 421-2915 1214.

Workers Compensation Waiver of Subrogation applies if required by written agreement with the insured per company form WC0003 13 0484. See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Town of West Hartford  
50 South Main Street  
West Hartford CT 06107

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

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# **ADDITIONAL REMARKS SCHEDULE**

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AGENCY Cambridge		NAMED INSURED Tom Irwin Inc Paradigm Real Estate LLC 13 A Street Burlington MA 01803	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

## **ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

The certificate holder is an additional insured on primary non-contributory basis with a waiver of subrogation as respects pollution liability if required by written agreement with the insured per company forms ENV-3250 1218, EMV-3251 1218, ENV-3253 1218 and ENV-3143 0805.  
Forms: 421-2915 1214, CAT420 0215, WC0003 13 0484, ENV-3250 1218, EMV-3251 1218, ENV-3253 1218 and ENV-3143 0805

The Town of West Hartford, West Hartford Board of Education, and their respective boards, commissions, officers, officials, employees, agents, representatives, and volunteers are additional insured on a primary non-contributory basis with a waiver of subrogation as respects general liability if required by written agreement with the insured per company form 421-2915 1214.

The Town of West Hartford, West Hartford Board of Education, and their respective boards, commissions, officers, officials, employees, agents, representatives, and volunteers are additional insured with a waiver of subrogation as respects auto liability if required by written agreement with the insured per company form CAT420 0215.

Workers Compensation Waiver of Subrogation applies if required by written agreement with the insured per company form WC0003 13 0484.

The Town of West Hartford, West Hartford Board of Education, and their respective boards, commissions, officers, officials, employees, agents, representatives, and volunteers are additional insured on primary non-contributory basis with a waiver of subrogation as respects pollution liability if required by written agreement with the insured per company forms ENV-3100 0804, ENV-3101 0804 and ENV-3143 0805.