

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/30/2020

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

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to		terms		licy, ce	rtain policies		•	t. A state	ment	on .	
PRODUCER						CONTACT Kim Hunt						
Wentworth-DeAngelis, Inc.						PHONE (960) 676 2022 FAX (960) 676 2217						
20 Batterson Park Rd, Ste 120						(A/C, No, Ext): (800) 676-3022 (A/C, No): (800) 676-2217 E-MAIL ADDRESS: kim@wdkinsurance.com						
					ADDRE	55:					NAIC#	
Farmington CT 06032						INSURER(S) AFFORDING COVERAGE INSURER A: Arbella Insurance Group					NAIC #	
INSURED						INSURER B:						
Forbes Asphalt Maintenance, Inc.						INSURER C:						
Forbes Realty LLC					INSURER D:							
155 Brickyard Road					INSURER E :							
Farmington				CT 06032	INSURER F:							
-			TIFICATE NUMBER: 20 CERT			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		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		φ .	0,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$ 300				
,			:	20.004		40/04/2020	10/01/2021	MED EXP (Any one pe	,	\$ 15,0		
Α				28-861		10/01/2020		PERSONAL & ADV INJURY \$ 1,000			*	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000				
	POLICY DECT LOC							PRODUCTS - COMP/		\$ 2,00 \$	0,000	
	OTHER: AUTOMOBILE LIABILITY						10/01/2021	COMBINED SINGLE L		\$ 1,00	0.000	
А	X ANY AUTO					10/01/2020		(Ea accident) BODILY INJURY (Per	DILY INJURY (Per person) \$			
	OWNED SCHEDULED			28-861				BODILY INJURY (Per accident) \$				
	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE		\$			
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$		
	✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE			0,000	
Α	EXCESS LIAB CLAIMS-MADE			28-861		10/01/2020	10/01/2021	E/IOIT GOOGINICEITOE #		<u>Ψ</u>	0,000	
	DED RETENTION \$ 10,000							AGGREGATE		<u>Ψ</u> \$		
	WORKERS COMPENSATION						10/01/2021	➤ PER STATUTE	OTH- ER	Ψ		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT		_{\$} 1,00	0,000	
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	28-861			10/01/2020		L.L. LACITACCIDLINI \$		4.00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC			0,000	
								Limit		\$200	0,000	
Α	Leased/Rented Equipment			28-861		10/01/2020	10/01/2021	Deductible		\$1,0	00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
Evic	lence of Insurance											
CEF	RTIFICATE HOLDER	CANCELLATION										
State of Connecticut Capitol Region Council of Govt						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
241 Main St. #4						AUTHORIZED REPRESENTATIVE						
Hartford CT 06106								1 - 000 11 01				