



DENNKBU-01

CWOODSIDE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2022

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).

PRODUCER License # 1780862
HUB International New England
300 Ballardvale Street
Wilmington, MA 01887

CONTACT NAME: Dawn Vitiello
PHONE (A/C, No, Ext): (978) 661-6677 FAX (A/C, No):
E-MAIL ADDRESS: Dawn.Vitiello@hubinternational.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : National Fire & Marine	20079
INSURER B : Endurance American Insurance Company	10641
INSURER C : Lloyd's of London	15792
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Dennis K. Burke, Inc.
555 Constitution Drive
Taunton, MA 02780

COVERAGES

CERTIFICATE NUMBER:

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
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	OTHER:						
	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	X UMBRELLA LIAB	X	OCCUR	42UMO31063403	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 25,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Excess Umbrella			EXC30000078006	4/1/2022	4/1/2023	4,000,000
C	Excess Umbrella			22UKPCB2200025-9006503	4/1/2022	4/1/2023	4,000,000

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

* Pollution Liab. CPO31525174 04/01/2022- 04/01/2023 w/AIG Specialty Insurance -\$1,000,000 each loss/\$7,000,000 aggregate; includes blanket add'l insured End#96658 & waiver of subro**

*Umbrella includes-Blanket AI , Primary Non-contributory basis & Waiver of Subro Umbrella is Follow form over the GL, Auto and WC & includes Blended Pollution endorsement .

All coverage is as required by a written executed contract prior to a loss/claim and per the policy endorsements.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Dennis K Burke/Evidence of
Coverage Only
555 Constitution Drive
Taunton, MA 02780

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



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International New England		License # 1780862	NAMED INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton, MA 02780
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

*Motor Truck Cargo limit - \$100,000 with Acadia under policy #CIM5427506 EFF 4/1/22 -4/1/23.

OTHER UNDERLYING UMBRELLA INFO: eff 4/1/22- 4/1/23

Follow Form -Excess of the above \$9 Mill.:

Excess \$5,000,000 - North River Ins. Policy # 5228091855

Excess \$5,000,000 -Navigators Insurance Company Policy # HO22EXCZ01GDMIV

Excess \$5,000,000 -RSUI Policy# NHA097482

Pollution includes blanket add'l insured if required by contract-end#96658; Umbrella includes "Blended Pollution Endorsement"
-excess over the contractors pollution liability. Evidence of Coverage Only