

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2025

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).

this certificate does not come rights to the certificate holder in fied of such chaofsement(s).							
PRODUCER		CONTACT NAME:	Nicole Bobocea				
RISMAN INSURANCE AGENCY INC		PHONE (A/C, No, Ex	<sub>kt):</sub> (781) 396-2116	FAX (A/C, No):			
		É-MAIL ADDRESS:	nbobocea@risman.com				
689 FELLSWAY			INSURER(S) AFFORDING CO	VERAGE	NAIC#		
MEDFORD	MA 02155	INSURER A	. AMGUARD INSURANCE CO	)	42390		
INSURED		INSURER B	:				
KELLEHER TILE WORKS AND REMO	DDELING INC	INSURER C	:				
		INSURER D	:				
19 1 4 E DUNSTABLE RD		INSURER E	=				
NASHUA	NH 030605865	INSURER F	:				
COVERAGES	CERTIFICATE NUMBER: 1134222		REVIS	ION 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,

E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SU	BR VD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	<b>1</b>	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR					DAMAGE TO RENTED	\$	
			N/A			` , , , ,	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:		14/7				\$	
	POLICY PRO- JECT LOC						\$ \$	
	AUTOMOBILE LIABILITY					(Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS		N/A			BODILY INJURY (Per person)  BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY AUTOS ONLY					(Per accident)	\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE		N/A			EACH OCCURRENCE	\$ \$ \$	
	DED RETENTION\$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A N	/A R2WC612861	03/26/2025	03/26/2026	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	
	DÉSCRIPTION OF OPERATIONS below		N/A			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	

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

Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at www.mass.gov/lwd/workers-compensation/investigations/.

CERTIFICATE HOLDER		CANCELLATION
Peter Kelleher 19 1/4 E. Dunstable Road		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10 1/4 E. Bullotable Road		AUTHORIZED REPRESENTATIVE
Nashua	NH 03060	Daniel M. Crowley, CPCU, Vice President – Residual Market – WCRIBMA