

PRODUCER <i>SAMPLE CERTIFICATE</i> Insurance Agency Name & Address	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.
	COMPANIES AFFORDING COVERAGE COMPANY A Insurance Company
INSURED <i>SAMPLE CERTIFICATE</i> Subcontractor name & complete address	COMPANY B Insurance Company
	COMPANY C Insurance Company

COVERAGES
 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 TO PAY CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	GENERAL LIABILITY	Policy # PROJECT & LOCATION NO EXCLUSION FOR THIRD In Favor Hawthorne &	Effective	Expiration	GENERAL AGGERGATE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> X,C,U				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> AGGREGATE LIMITS PER CONTRACTUAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
<input checked="" type="checkbox"/> Waiver of Subrogation	PARTY Project	OVER ACTIONS Owner	MED EXP (Any one person) \$ 5,000		
<input checked="" type="checkbox"/> Cross Liability Coverage					
A	AUTOMOBILE LIABILITY	Policy # MUST INCLUDE CA 9948 ENDORSEMENT	Effective	Expiration	COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUOTS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTO					
A	EXCESS LIABILITY	Primary & Noncontributory Aggregate Limits Per Project	Effective	Expiration	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGERGATE \$ 5,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY	Policy # MASS COVERAGE MUST WAIVER OF SUBROGATION	Effective	Expiration	<input checked="" type="checkbox"/> STATUTORY LIMITS \$
	THE PROPRIETOR/ <input checked="" type="checkbox"/> INCL				EACH ACCIDENT \$ 500,000
	PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> EXCL				DISEASE - POLICY LIMIT \$ 500,000
					DISEASE - EACH EMPLOYEE \$ 500,000
C	Contractors Pollution Liability	Including Additional Insured Status & Waiver of Subrogation	Effective	Expiration	1,000,000 Occurrence 3,000,000 Aggregate INCLUDING MOLD

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Hawthorne Commercial Construction, LLC and The Project Owner are additional insured's on all policies of liability insurance excluding workers compensation. All policies shall include a waiver of subrogation in favor of the additional insureds including the workers compensation policy. All coverage provided to the additional insureds shall be primary and non-contributory. Waiver of subrogation (CG 24 04) applies per written contract in favor of all additional insureds. MUST attach copy of acceptable Additional Insured forms required by the contract documents, CG 20 10 (10-01) and CG 20 37 (10-01)

CERTIFICATE HOLDER	CANCELLATION
Hawthorne Commercial Construction, LLC 35 Devonshire Crossing Chelmsford, MA 01824	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE