



# CERTIFICATE OF LIABILITY INSURANCE

OP ID GL  
TWINTRU

DATE (MM/DD/YYYY)

02/16/11

<b>PRODUCER</b>  <b>Waverley Insurance Agency</b> 493 Trapelo Road Belmont MA 02478- Phone: 617-484-5216 Fax: 617-489-4626	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  <b>Twin Trucking Corp</b> 121A Riverneck Rd Ste 1 Chelmsford MA 01824	INSURER A: <b>Hanover Insurance Company</b>	<b>22292</b>
	INSURER B: <b>Arbella Protection Insurance</b>	
	INSURER C:	
	INSURER D:	
	INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>ZHN5245643-13</b>	<b>11/21/10</b>	<b>11/21/11</b>	EACH OCCURRENCE <b>\$ 1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$ 100,000</b>
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) <b>\$ 5,000</b>
						PERSONAL & ADV INJURY <b>\$ 1,000,000</b>
						GENERAL AGGREGATE <b>\$ 2,000,000</b>
						PRODUCTS - COMP/OP AGG <b>\$</b>
GEN'L AGGREGATE LIMIT APPLIES PER:						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>B</b>		<b>AUTOMOBILE LIABILITY</b>	<b>31700400003</b>	<b>05/10/10</b>	<b>05/10/11</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$ 1000000</b>
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) <b>\$</b>
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) <b>\$</b>
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) <b>\$</b>
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT <b>\$</b>
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC <b>\$</b>
						AUTO ONLY: AGG <b>\$</b>
		<b>EXCESS / UMBRELLA LIABILITY</b>				EACH OCCURRENCE <b>\$</b>
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE <b>\$</b>
						<b>\$</b>
		<input type="checkbox"/> DEDUCTIBLE				<b>\$</b>
		RETENTION <b>\$</b>				<b>\$</b>
<b>B</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>0049860109</b>	<b>01/01/11</b>	<b>01/01/12</b>	WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>				E.L. EACH ACCIDENT <b>\$ 100000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE <b>\$ 100000</b>
						E.L. DISEASE - POLICY LIMIT <b>\$ 500000</b>
<b>A</b>		<b>OTHER</b>	<b>IHN262244302</b>	<b>03/01/10</b>	<b>03/01/11</b>	<b>Cargo</b> <b>100,000</b>
		<b>Transportation</b>				
<b>Cargo</b>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

### CERTIFICATE HOLDER

<b>MIKECRA</b>  <b>Michael Crapulli</b>	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	--

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.