



CERTIFICATE OF LIABILITY INSURANCE

CFERGUSON

DATE (MM/DD/YYYY) 11/12/2019

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.

lf	SUI	RTANT: If the certificate ho BROGATION IS WAIVED, su ertificate does not confer righ	bject	to	the	terms and conditions of	the po	licy, certain	policies may					
PRODUCER								CONTACT NAME:						
Provider Group							PHONE (A/C, No, Ext): (401) 762-0922 FAX (A/C, No): (401) 769-2086							
275 Promenade Street, Suite 135 Providence, RI 02908								E-MAIL ADDRESS: needhamr@providerig.com						
								INSURER(S) AFFORDING COVERAGE NAIC #						
								INSURER A : Kinsale Insurance Company						
INSURED FSOW Inc. DBA South Shore Certapro Painters 137 Weymouth Street							INSURER B : Selective Insurance Company of America							
							INSURER C: Markel							
							INSURER D : Selective Insurance Co of Southeast						39926	
Rockland, MA 02370													00020	
							INSURER E :							
00//504050														
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												LIE DO	LICY PEDIOD	
IN CI	DICA ERTI	ATED. NOTWITHSTANDING AN FICATE MAY BE ISSUED OR IN JSIONS AND CONDITIONS OF SU	Y RE MAY F	QUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	ANY CONTRA 7 THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	H RESPE	CT TO	WHICH THIS	
INSR LTR	R TYPE OF INQUIRANCE			DDL NSD	SUBR WVD	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	Х	COMMERCIAL GENERAL LIABILITY	- "	INSD	WVD			(ININI/DD/1111)	(WINNESS TTTTT)			\$	1,000,000	
		CLAIMS-MADE X OCCUR				0100072840-1		9/6/2019	9/6/2020	DAMAGE TO RENTE PREMISES (Ea occu	D	\$	100,000	
										MED EXP (Any one p	, i	\$	0	
										PERSONAL & ADV I		\$	1,000,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	_							GENERAL AGGREG		\$	2,000,000	
	OLI	POLICY X PRO- JECT LOC								PRODUCTS - COMP		\$	2,000,000	
		OTHER:								PRODUCTS - COMP	7OF AGG	\$		
В	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS									COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
						A 9107390		10/1/2019	10/1/2020	BODILY INJURY (Pe	r person)	\$		
										BODILY INJURY (Per accident) \$		\$		
	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY								PROPERTY DAMAG (Per accident)		\$		
		AUTOS ONET								(i or acolaent)		\$		
С	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE							9/6/2020	EACH OCCURRENC	`E	\$	5,000,000		
						EZXS3013339			9/6/2019	AGGREGATE	,L	\$	5,000,000	
		DED RETENTION \$								AGGREGATE				
D	WOR	RKERS COMPENSATION								PER	OTH-	\$		
	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					WC 9081752		10/30/2019	10/30/2020	STATUTE	ER		500,000	
								10/00/2010	10/00/2020	E.L. EACH ACCIDENT \$			500,000	
	If yes, describe under									E.L. DISEASE - EA EMPLOYEE \$		\$	500,000	
	DÉS	CRIPTION OF OPERATIONS below								E.L. DISEASE - POL	ICY LIMIT	\$	300,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VI	EHICLE	es (A	ACORE	0 101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requii	red)				

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
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