



PETRACOR21

LPICININNI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2021

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).

<b>PRODUCER</b> AssuredPartners New England, Inc. One Financial Plaza Hartford, CT 06103	<b>CONTACT NAME:</b> Diane Donofrio <b>PHONE (A/C, No, Ext):</b> (860) 426-6140 <b>FAX (A/C, No):</b> (860) 426-6140 <b>E-MAIL:</b> Diane.Donofrio@AssuredPartners.com <b>ADDRESS:</b>												
<b>INSURED</b> Petra Construction Corporation 98 Robeschi Drive North Haven, CT 06473	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <td>INSURER A: Phoenix Insurance Company</td> <td>NAIC # 25623</td> </tr> <tr> <td>INSURER B: Charter Oak Fire Insurance Company</td> <td>25615</td> </tr> <tr> <td>INSURER C: Travelers Property Casualty Co. of America</td> <td>25674</td> </tr> <tr> <td>INSURER D: Travelers Cas. &amp; Surety Company</td> <td>19038</td> </tr> <tr> <td>INSURER E: Hartford Ins. Co. of Illinois</td> <td>38288</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER A: Phoenix Insurance Company	NAIC # 25623	INSURER B: Charter Oak Fire Insurance Company	25615	INSURER C: Travelers Property Casualty Co. of America	25674	INSURER D: Travelers Cas. & Surety Company	19038	INSURER E: Hartford Ins. Co. of Illinois	38288	INSURER F:	
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**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	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prop Dmg Ded: \$2,500 <input checked="" type="checkbox"/> X,C,U Not Excluded GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		DT-CO-8F660565-PHX-21	7/1/2021	7/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS & COMP/OP AGG \$2,000,000
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		810-1N94822A-21-26-G	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000		CUP-2S33720A-21-NF	7/1/2021	7/1/2022	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	UB-7K819838-21-26-V	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - LA EMPLOYEE \$1,000,000 EL DISEASE - POLICY LIMIT \$1,000,000
E	Prof. & Poll Liab		13 CPI GA1375	7/1/2021	7/1/2022	See Below
C	WC-MA & RI		UB-7K868151-21-26-G	7/1/2021	7/1/2022	See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Professional Liability - \$3,000,000 Each Professional Incident  
 Pollution Liability - \$3,000,000 Each Pollution Incident  
 Policy Aggregate - \$3,000,000

MA & RI Workers Compensation  
 Carrier: Travelers Property Casualty Co. of America  
 Policy # UB-7K868151-21-26-G  
 SEE ATTACHED ACORD 101

<b>CERTIFICATE HOLDER</b> Secretary of State 148 W. River Street Providence, RI 02904-2615	<b>CANCELLATION</b> 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 Mike Ross
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AGENCY CUSTOMER ID: PETRACOR21

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LOC #: 1

**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY AssuredPartners New England, Inc.		NAMED INSURED Petra Construction Corporation 98 Rebesch Drive North Haven, CT 06473	
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:

Term: 7/1/2021 to 7/1/2022

Umbrella Excludes Professional/Pollution Liability

Regarding work performed in the State of Rhode Island