

**CERTIFICATE OF LIABILITY INSURANCE**

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> USI Insurance Services LLC 726 Exchange St. Ste 618 Buffalo, NY 14210 855-874-0123	CONTACT NAME: <b>Dana Hill</b>
	PHONE (A/C, No, Ext): <b>716 314-2024</b> FAX (A/C, No): <b>716-314-2199</b> E-MAIL ADDRESS: <b>Dana.Hill@usi.com</b>
<b>INSURED</b>  Titan Roofing Inc. 200 Tapley Street Springfield, MA 01104	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	INSURER A : <b>National Fire Insurance Co. of Hartford</b> <b>20478</b>
	INSURER B : <b>Merchants Mutual Insurance Company</b> <b>23329</b>
	INSURER C : <b>American Guarantee &amp; Liability Ins Co.</b> <b>26247</b>
	INSURER D : <b>American Casualty Company of Reading PA</b> <b>20427</b>
	INSURER E : <b>Commerce &amp; Industry Insurance Co.</b> <b>19410</b>
	INSURER F : <b>Navigators Insurance Company</b> <b>42307</b>

**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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Contractual</b> <input checked="" type="checkbox"/> <b>XCU Included</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>	<b>X</b>	<b>5092135533</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ <b>500,000</b> MED EXP (Any one person)      \$ <b>15,000</b> PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG      \$ <b>2,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$250 Comp <input checked="" type="checkbox"/> \$500 Coll	<b>X</b>	<b>X</b>	<b>5092135516</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b> BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE	<b>X</b>	<b>X</b>	<b>CUP0000889</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b>
<b>C</b>	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>\$10,000</b>	<b>X</b>	<b>X</b>	<b>AEC581751307</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	<b>Occ/Agg</b> \$ <b>5,000,000</b>
<b>D</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?    Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <b>N</b> N/A		<b>X</b>	<b>5092135547</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT      \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE      \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT      \$ <b>1,000,000</b>
<b>E</b>	<b>Pollution Liab.</b>			<b>CPO18883546</b>	<b>05/01/2019</b>	<b>05/01/2021</b>	<b>5,000,000/5,000,000</b>
<b>F</b>	<b>Excess Liab</b>	<b>X</b>	<b>X</b>	<b>IS20EXCZ04LU7IV</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	<b>5,000,000/5,000,000</b>
	<b>Excess Liab</b>	<b>X</b>	<b>X</b>	<b>AR6461264</b>	<b>05/01/2020</b>	<b>05/01/2021</b>	<b>5,000,000/5,000,000</b>

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

**\*\* Excess Liability Information \*\***  
**Policy Number: AR6461264**  
**Insurer: Colony Specialty Insurance Co**  
**NAIC #: 39993**  
**Eff Date: 05/01/2020 Exp Date: 05/01/2021**  
**(See Attached Descriptions)**

**CERTIFICATE HOLDER      CANCELLATION**

	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 

## DESCRIPTIONS (Continued from Page 1)

Excess Liability Each Occ Limit: \$5,000,000  
Excess Liability Aggregate Limit: \$5,000,000

Policy Number: AEC581751307  
Insurer: Westchester Fire Insurance Company  
NAIC #: 10030  
Eff Date: 05/01/2020 Exp Date: 05/01/2021  
Excess Liability Each Occ Limit: \$4,000,000  
Excess Liability Aggregate Limit: \$4,000,000

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To the extent covered by endorsements:

General Liability:

CNA75079XX (Ed. 10/16) BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS WITH PRODUCTS-COMPLETED OPERATIONS COVERAGE includes primary, non-contributory  
CNA75014XX (Ed. 01/15) NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS  
CNA74705XX (Ed. 01/15) CONTRACTORS GENERAL LIABILITY EXTENSION includes Per Project Aggregate, Waiver of Subrogation

Auto Liability:

CNA71527XX (Ed. 10/12) ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY  
CNA68021XX (Ed. 02/13) NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS  
9-23186 (Ed. 12/10) WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHER

Workers Compensation:

CC68021A (Ed. 02/13) NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS  
WC000313 (Ed. 04/84) WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

Umbrella Policy Number CUP0000889:

MU 86 22 (Ed.05/09) PRIMARY AND NON-CONTRIBUTORY INSURANCE  
MU 79 28 A (Ed. 07/03) PER PROJECT GENERAL AGGREGATE  
MU 82 70 (Ed. 08/06) General Liability Follow Form

Excess Liability Policy Number - AEC 5817513:

U-EXS-100-C CW (01/12) Following Form Excess Liability Policy Includes Waiver of Subrogation  
U-EXS-420-A CW (Ed. 03/12) LIMITED OTHER INSURANCE CONDITION includes primary and noncontributory

Excess Liability Policy Number - IS20EXCZ04LU7IV:

NAV-EXC-348A (01/11) Amendment of Conditions Other Insurance Primary and Non-Contributing  
NAV-ECD-6012 (01/11) Waiver of Subrogation

Excess Liability Policy Number - AR6461264:

XP220-0815 Additional Insured Primary and Non-Contributory  
XP165-0815 Waiver of Subrogation - Recoveries

Excess Liability Policy Number - G71803739001:

XSC-27405 (05/09) Waiver Of Subrogation Endorsement  
XSC-30423 (08/10) Other Insurance Endorsement - Non-Contributory