TITANROO

ACORD...

CERTIFICATE OF LIABILITY INSURANCE

Client#: 1708694

DATE (MM/DD/YYYY) 5/03/2021

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

CONTACT Dana Hill		
PHONE (A/C No Ext): 716 314-2024 (A/C No): 7	16-314-2199	
E-MAIL ADDRESS: dana.hill@usi.com		
INSURER(S) AFFORDING COVERAGE	NAIC #	
INSURER A: National Fire Insurance Co. of Hartford	20478	
INSURER B : Merchants Mutual Insurance Company	23329	
INSURER C : American Guarantee & Liability Ins Co.	26247	
INSURER D : American Casualty Company of Reading PA		
INSURER E : Commerce & Industry Insurance Co.	19410	
INSURER F : Navigators Insurance Company	42307	
	PHONE (A/C, No, Ext): 716 314-2024 E-MAIL ADDRESS: dana.hill@usi.com INSURER(S) AFFORDING COVERAGE INSURER A: National Fire Insurance Co. of Hartford INSURER B: Merchants Mutual Insurance Company INSURER C: American Guarantee & Liability Ins Co. INSURER D: American Casualty Company of Reading PA INSURER E: Commerce & Industry Insurance Co.	

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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X COMMERCIAL GENERAL LIABILITY	Х	X	5092135533	05/01/2021	05/01/2022		\$1,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
X Contractual Included						MED EXP (Any one person)	\$15,000
X XCU Included						PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
OTHER:							\$
AUTOMOBILE LIABILITY	Χ	X	5092135516	05/01/2021	05/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO						BODILY INJURY (Per person)	\$
OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
X \$250 Comp Ded X \$500 Coll Ded							\$
X UMBRELLA LIAB X OCCUR	Χ	X	CUP0000889	05/01/2021	05/01/2022	EACH OCCURRENCE	\$1,000,000
X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$1,000,000
DED X RETENTION \$10000	X	X	AEC581751308	05/01/2021	05/01/2022		\$5,000,000
WORKERS COMPENSATION		X	5092135547	05/01/2021	05/01/2022	X PER OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A					E.L. EACH ACCIDENT	\$1,000,000
(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
Pollution Liab	X	X	CPO18883546	05/01/2021	05/01/2023	5,000,000/5,000,000	
Excess Liab	X	X	IS21EXCZ04LU7IV	05/01/2021	05/01/2022	5,000,000/5,000,000	
Excess Liab	X	X	AR6461264	05/01/2021	05/01/2022	5,000,000/5,000,000	
	CLAIMS-MADE X OCCUR X CONTRACTUAL INCLUDED X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X AUTOS ONLY X S250 Comp Ded X \$500 Coll Ded X UMBRELLA LIAB X OCCUR X EXCESS LIAB DED X RETENTION \$10000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Pollution Liab Excess Liab X OCCUR CLAIMS-MADE Y/N N	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X COntractual Included X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PROPIETOR AUTOS ONLY AUTOS ONLY X ANY AUTO OWNED AUTOS ONLY X \$250 Comp Ded X \$500 Coll Ded X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 X WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTINER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below POllution Liab Excess Liab X OCCUR X CLAIMS-MADE Y/N N/A N/A N/A X SYSTEMMENT OF OPERATIONS below POllution Liab Excess Liab X OCCUR X CLAIMS-MADE Y/N N/A X SYSTEMMENT OF OPERATIONS below POllution Liab Excess Liab	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CONTractual Included X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRODICT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY X \$250 Comp Ded X \$500 Coll Ded X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 X X WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below POllution Liab Excess Liab CLAIMS-MADE N/A X X X X X X X X X X X X X X X	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X COntractual Included X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X 5092135533 X X 5092135533 X X 5092135533 X X 5092135533 X X X 5092135533 X X X 5092135533	X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY X CONTRACTUAL INCLUDED CLAIMS-MADE X OCCUR X CONTRACTUAL INCLUDED X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X 5092135516 05/01/2021 X ANY AUTO OWNED AUTOS ONLY AUTOS AUTOS ONLY X NON-OWNED AUTOS ONLY X NON-OWNED AUTOS ONLY X S250 Comp Ded X \$500 Coll Ded X UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION \$10000 X X AEC581751308 05/01/2021 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Pollution Liab X X CPO18883546 05/01/2021 Excess Liab	NSR WVD POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY) (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY X X S092135533 O5/01/2021 O5/01/2022 CLAIMS-MADE X OCCUR X XCU Included X XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X X S092135516 O5/01/2021 O5/01/2022 ANY AUTO AUTOS ONLY X S250 Comp Ded X \$500 Coll Ded X EXCESS LIAB CLAIMS-MADE X X AEC581751308 O5/01/2021 O5/01/2022 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N AND EMPLOYERS' LIABILITY X X S092135547 O5/01/2021 O5/01/2022 Pollution Liab X X X CPO18883546 O5/01/2021 O5/01/2023 Excess Liab X X X CPO18883546 O5/01/2021 O5/01/2022 O5/01/202	COMMERCIAL GENERAL LIABILITY X CONTractual Included X COTTractual Included GENERAL AGGREGATE LIMIT APPLIES PER: POLICY X JECT LOC OTHER: AUTOMOBILE LIABILITY X ANY AUTO AUTOS ONLY X JUTOS ONLY X JUTOS ONLY X JUTOS ONLY X JUTOS ONLY X SECSS LIAB CLAIMS-MADE X CUPO000889 O5/01/2021 O5/01/2021 O5/01/2022 COMBINED SINGLE LIMIT [Ea accident) PRODUCTS - COMP/OP AGG OF/OFFICE AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG OTHER: AUTOMOBILE LIABILITY X ANY AUTO AUTOS ONLY X JUTOS ONLY X JUTOS ONLY X JUTOS ONLY X SECSS LIAB CLAIMS-MADE CLAIMS-MADE X X CUPO000889 O5/01/2021 O5/01/2021 O5/01/2022 EACH OCCURRENCE PREMINES [Sea occurrence) PREMINES [Sea occurrence] PREMINE

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 #: 36927

Eff Date: 05/01/2021 Exp Date: 05/01/2022

(See Attached Descriptions)

CERTIFICATE HOLDER

OERTH TOTAL TIOLDER	0,110222,111011				
Agnoli Sign Company, Inc 722 Worthington Street Springfield, MA 01101	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				
	mis hell Boute				
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CANCELL ATION

DESCRIPTIONS (Continued from Page 1)

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

Policy Number: G71803739002

Insurer: Westchester Fire Insurance Company

NAIC #: 10030

Eff Date: 05/01/2021 Exp Date: 05/01/2022 Excess Liability Each Occ Limit: \$4,000,000 Excess Liability Aggregate Limit: \$4,000,000

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 581751308:

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 - IS21EXCZ04LU7IV:

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 - G71803739002:

XSC-27405 (05/09) Waiver Of Subrogation Endorsement

XSC-30423 (08/10) Other Insurance Endorsement - Non-Contributory

Agnoli Sign Company, Inc is included as an additional insured on a primary and non contributory basis when required by written contract.