

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/24/2018

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)

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PRODUCER								CONTACT Amanda Lania					
Beecher Carlson - Boston							PHONE (617)532-9400 FAX (A/C, No): (617)532-9490						
75 State Street, Suite 1710								(A/C, No, Ext): (A/C, No): (A/C,					
								INSURER(S) AFFORDING COVERAGE NAIC #					
Boston MA 02109								INSURER A: AXIS Specialty Europe SE					
INSURED								INSURER B:					
Antrim Wind Energy, LLC							INSURER C:						
c/o Walden Green Energy, LLC							INSURER D:						
155 Fleet Street							INSURER E :						
Portsmouth						NH 03801	INSURER F:						
_		AGES				NUMBER: 18-19 Antrim B	TEVIOLOT NOMEET						
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 INSURA	ANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	×	COMMERCIAL GENERAL	COMMERCIAL GENERAL LIABILITY		1			(,	EACH OCCURRENCE	\$ 1,00	0,000	
		CLAIMS-MADE >	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00	0,000	
										MED EXP (Any one person)	\$ 10,0	00	
Α						3820240118EN		07/23/2018	08/30/2019	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN	N'L AGGRE <u>GATE</u> LIMIT APP	LIES PER:							GENERAL AGGREGATE	Ψ	0,000	
	×	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
		OTHER:									\$		
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$		
		ANY AUTO								BODILY INJURY (Per person)	\$		
		AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	<u> </u>						\longrightarrow				\$		
	×	1 1 00001								EACH OCCURRENCE	φ	00,000	
Α	EXCESS LIAB CLAIMS-MADE				3820240218EN			07/23/2018	08/30/2019	AGGREGATE	\$ 10,0	00,000	
	WOE	DED RETENTION \$ WORKERS COMPENSATION								PER OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			N/A						STATUTE ER			
										E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$		
	DES	CRIPTION OF OPERATION	S below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
Evid	dence	e of Insurance											
CERTIFICATE HOLDER CANC									CANCELLATION				
Town of Antrim, Board of Selectmen								SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
7								AUTHORIZED REPRESENTATIVE					
66 Main Street													
Antrim						NH 03440	Berset leave						