



CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 03/22/2022

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).

PRODUCER

CONTACT NAME:

MSA Service Center

Joseph D Walters Ins CLSC
MSA Service Center
PO Box 2006
Keene NH 03431 **INSURED**

Mansfield Services LLC
14 Metcalf VW

Underhill VT 05489-9611 21-22

Main Street America Assurance INSURER A :	29939
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

PHONE (866) 440-7082 (A/C, No, Ext):	FAX (A/C, No):) 332-4776
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E-MAIL servicecenter@msagroup.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
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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.

LTR **INSR**

TYPE OF INSURANCE					A D D I N S E D	S U B R W V D	POLICY NUMB	
CC	MS-MA	DATE PER:	PROJECT	LOC				
							MPZ0260F	
								\$
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UMBRELLA LIAB		OCCUR	
EXCESS LIAB		CLAIMS-MADE	
DED		RETENTION \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			

\$
\$
\$
\$

\$
\$
1,000,000 1,000,000 10,000
1,000,000 2,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
No Certificate Holder is listed

CERTIFICATE HOLDER

FOR INFORMATIONAL
PURPOSES ONLY

**ACORD 25 (2016/03)
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



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