

DREDDY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2024

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 NAME:				
Warwick, RI - Gilmartin 128 Dean Street		FAX (A/C, No): (508) 880-0142			
Taunton, MA 02780	E-MAIL ADDRESS: info@fbinsure.com				
	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A : Employer's Mutual Casualty Con	npany 21415			
INSURED	INSURER B: Beacon Mutual Insurance Co	24017			
Grandin Landscape & Supply Co., Inc.	INSURER C:				
61 Tuckertown Road	INSURER D:				
Wakefield, RI 02879	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:			
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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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	s			
Α	Х	COMMERCIAL GENERAL LIABILITY					,,	EACH OCCURRENCE	\$	1,000,000		
		CLAIMS-MADE X OCCUR				2D24206	3/31/2024	3/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	500,000	
								MED EXP (Any one person)	\$	10,000		
								PERSONAL & ADV INJURY	\$	1,000,000		
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000		
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000		
		OTHER:							\$			
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO				2E24206	3/31/2024	3/31/2025	BODILY INJURY (Per person)	\$			
		OWNED X SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$			
	X	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
									\$			
Α		UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,000	
	X	EXCESS LIAB CLAIMS-MADE	4		2J24206	2J24206 3/31/	3/31/2024	/31/2024 3/31/2025	AGGREGATE	\$	5,000,000	
		DED X RETENTION \$ 10,000							\$			
В	WOF	KERS COMPENSATION EMPLOYERS' LIABILITY								X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		15546 10/1/2023	10/1/2024	E.L. EACH ACCIDENT	\$	1,000,000			
			117.7	[']			E.L. DISEASE - EA EMPLOYEE	\$	1,000,000			
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000		

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

CERTIFICATE HOLDER	CANCELLATION
Village at Indian Lake 191 Table Rock Road South Kingstown, RI 02879	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
South Hingstown, 14 02070	AUTHORIZED REPRESENTATIVE
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