



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2014

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 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 USI Insurance Services LLC-CL 75 John Roberts Road, Building C South Portland, ME 04106 855 874-0123		CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 877-775-0110 E-MAIL ADDRESS:	
INSURED Triumvirate Environmental, Inc. 200 Inner Belt Road Somerville, MA 02143-4456		INSURER(S) AFFORDING COVERAGE INSURER A : AIG Specialty Insurance Company NAIC # 26883 INSURER B : Chartis Specialty Insurance Com 26883 INSURER C : New Hampshire Insurance Company 23841 INSURER D : INSURER E : INSURER F :	

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:100000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			14647099	12/31/2014	12/31/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$25,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS90 Endt <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CA0939694 MA CA0939693 AOS	12/31/2014 12/31/2014	12/31/2015 12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			14649000	12/31/2014	12/31/2015	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC15684358 MA WC06506700 AOS	12/31/2014 12/31/2014	12/31/2015 12/31/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Contractors Pollu			14647099	12/31/2014	12/31/2015	\$1,000,000 Per Occurenc
A	Professional Liab			14647099	12/31/2014	12/31/2015	\$1,000,000 Each Claim

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Environmental Package (General Liability, Contractors Pollution and Professional)
 Coverage A. - Bodily Injury and Property Damage (Occurrence)
 Coverage B. - Personal and Advertising Injury Liability (Occurrence)
 Coverage C. - Medical Payments
 Coverage D. - Professional Liability (Claims Made) (Retroactive Date 10/20/92)
 (See Attached Descriptions)

CERTIFICATE HOLDER Florida Department of Environmental Protection Sect MS4555 2600 Blair Stone Road Tallahassee, FL 32399-2400	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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DESCRIPTIONS (Continued from Page 1)

Deductibles: Property Damage and Bodily Injury Liability Combined Per Occurrence
Coverage A and B (Except Pollution Claims) \$100,000
Coverage A Pollution Claims: \$100,000
Coverage D: \$100,000

Umbrella Policy:
Sublimit for Covered Professional Liability Claims Endorsement - \$15,000,000.

Workers Compensation:
Other Workers Compensation Policies: Insurer C
WC015684000 12/31/2014-12/31/2015 - Florida
WC038238294 12/31/2014-12/31/2015 - Virginia
WC038238395 12/31/2014-12/31/2015 Pennsylvania
WC038238396 12/31/2014-12/31/2015 North Carolina and Vermont

Workers Compensation and Employers Liability under State Law- Insured States
\$250,000 Retained Limit for Each Accident or Each Person for Disease
Workers Compensation and Employers Liability under Federal Law- Insured States
\$250,000 Retained Limit for Each Accident or Each Person for Disease
Employers Liability- Monopolistic States
\$250,000 Retained Limit for Each Accident or Each Person for Disease

Automobile:
Owned and Hired/Leased Comprehensive/ Collision
\$5,000/\$5,000 Deductible

This Certificate of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Certificate.