

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/11/2024

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).

PRODUCER New Wave Insurance LLC				CONTACT NAME:	Jason Florio			
	99 Main Street	e LLO		PHONE (A/C, No, Ext):	t): (508)969-1980 FAX (A/C, No): (5		08)969-1986	
	North Easton, MA 02	2356		E-MAIL ADDRESS:	jason@guardian-insure.co	m		
	License #: 2117942			INSURER(S) AFFORDING COVERAGE			NAIC#	
	LICCIISC W. ZIII 342			INSURER A:	Markel Insurance Com	pany	38970	
INSURED	Lopco Contracting I	nc		INSURER B :	Amwins Access	· ·	17370	
	Thomas Lopatosky			INSURER C :				
	310 Bourne Ave			INSURER D :				
	Building 68		[INSURER E :				
	East Providence, RI 02916		Ī	INSURER F :				
COVERAGES CERTIFICATE NUMBER: 00003706.0					REVISIO	N NIIMBER: 5		

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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 INSD WVD			POLICY EFF (MM/DD/YYYY)		LIMITS				
Α	X	CLAIMS-MADE		Y	Y	3AA735290	12/13/2023	12/13/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY	\$ \$ \$	1,000,000 100,000 5,000 1,000,000
		POLICY X PRO- OTHER:	APPLIES PER:						GENERAL AGGREGATE PRODUCTS - COMP/OP AGG COMBINED SINGLE LIMIT	\$ \$ \$	2,000,000 2,000,000
	AU	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$	
В	X	UMBRELLA LIAB EXCESS LIAB DED RETENTIO	X OCCUR CLAIMS-MADE	Y	Y	AN1300047	12/13/2023	12/13/2024	EACH OCCURRENCE AGGREGATE	\$ \$	1,000,000 1,000,000
	ANY OFFI (Mar	RKERS COMPENSATION DEMPLOYERS' LIABILITY PROPRIETOR/PARTNER CER/MEMBER EXCLUDE Idatory in NH) S, describe under CRIPTION OF OPERATION	Y Y/EXECUTIVE ED?	N/A					PER STATUTE OTH- STATUTE ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	Certificate Holder is listed as an additional insured										
CERTIFICATE HOLDER CANCELLATION											

CERTIFICATE HOLDER	CANCELLATION			
RI CRLB	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
Warwick, RI 02886	AUTHORIZED REPRESENTATIVE			
	Bryan De Sa (JAF)			