

**Contractor Business Owners Policy**

**Renewal Certificate**

<b>Policy No.</b>	BCWYHG	<b>Entity</b>	Individual
<b>Issued By</b>	THE COMMERCE INSURANCE COMPANY	<b>Effective</b>	04/19/11
<b>Policy Period</b>	From 04/19/11 to 04/19/12	<b>Agent</b>	BY7

<b>Named Insured and Mailing Address:</b>	<b>Agent Name and Address:</b>
ELIANE SHEEHAN DBA NORTH SHORE MAIDS 23 PRINCE STREET 11 DANVERS, MA 01923-1470	BEVERLY INSURANCE BROKERAGE, INC. 100 CUMMINGS CENTER BEVERLY, MA 01915

In return for the payment of the premium and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

COVERED LOCATION(S)					
Loc#	Bldg#	Street	City	ST	Zip-Code
1	1	23 PRINCE ST 11	DANVERS	MA	01923

PROPERTY LIMITS								
Building/Personal Property Deductible:			\$500	Optional Coverage/Glass Deductible:			\$500	
Loc#	Bldg#	Program	Building	Auto Incr	Personal Property	Valuation	Bus Inc	Premium
1	1	Storage		4%	\$5,000	RC	INCL	\$74

LIABILITY AND MEDICAL EXPENSES								
Except for Damage To Premises Rented To You, each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II, Paragraph D.4. of the Businessowners Coverage Form.								
Coverage	Limits of Insurance					Premium		
Liability and Medical Expenses	\$300,000	Per Occurrence				(INCL.)		
Medical Expenses	\$5,000	Per Person				(INCL.)		
Damage to Premises Rented to You	\$100,000	Any One Premises				FILED		
Contractor Class: 96816	Rate: \$26.48	Payroll:	\$29,000			MAR 21 2011		\$768
Property Damage Deductible:						M. O'BRIEN		

PREMIUM	
Advanced Annual Premium:	\$842
Additional/Return Premium:	
Authorized Representative:	

Agent Copy

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## MANDATORY FORMS AND ENDORSEMENTS

Form#	Ed Date	Form/Endorsement
BP-0003	07-02	BUSINESSOWNERS COV FORM
BP-0108	07-02	MASS AMENDATORY END'T
BP-0501	07-02	CALCULATION OF PREMIUM
BP-0514	01-03	WAR LIABILITY EXCLUSION
BP-0417	07-02	EMPLOYMENT RELATED
BP-0419	07-02	LIQUOR LIABILITY EXCLUS

## POLICY LEVEL COVERAGES

Form#	Ed Date	Coverage	Limits of Insurance	Premium
		EMPLOYEE DISHONESTY	\$10,000	
		MONEY AND SECURITIES	\$10,000	INSIDE PREMISES
			\$5,000	OUTSIDE PREMISES
BP-0524	01-08	EXCL OF CERT TERR		
		B.2. Fire Exception: MA		
BP-0578	11-02	LTD FUNGI/BACT (LIAB)	\$100,000	AGGREGATE
C-080	09-06	LTD FUNGI OR BACTERIA	\$15,000	
C-093	07-08	MOBILE EQUIPMENT		

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**STATISTICAL DATA**

Loc#	Bldg#	Territory	Protection	Constr	Yr Built	Sprinkler	RG	IRPM	# of Units
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Property Damage Deductible:			

PREMIUM	
Advanced Annual Premium:	\$842
Additional/Return Premium:	

Authorized Representative:

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Insured Copy

The Commerce Insurance Company

211 Main Street Webster, MA 01570 | 508-943-9000 | www.commerceinsurance.com

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