MINIMUM INSURANCE REQUIREMENTS FOR SERVICE AND VENDOR COMPLIANCE

COVERAGE	INSURANCE REQUIRED (Primary, Umbrella or Both)
General Liability	
General Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000
Each Occurrence	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Rented Premises	\$ 100,000
Medical Expenses	\$ 5,000
Auto Liability	
Combined Single Limit	\$1,000,000
Employer's Liability/Workers Compensation	
Each Accident	\$1,000,000
Disease – Each Employee	\$1,000,000
Disease – Policy Limit	\$1,000,000
Umbrella/Excess Liability	
Each Occurrence	\$3,000,000
General Aggregate	\$3,000,000

CERTIFICATES OF INSURANCE MUST INDICATE THE FOLLOWING

 Chex Finer Foods Inc, Laurel Hill Foods Inc, and SCL Food Sales Inc <u>must</u> be added as an Additional Insured as it pertains to the work done/service provided and/or product delivered to the business.

Certificates indicating Additional Insured by <u>written contract</u> are not accepted.

2) The Certificate Holder must be:

Chex Finer Foods, Inc. 71 Hampden Rd Mansfield, MA 02048

3) Waiver of Subrogation in favor of Chex Finer Foods Inc, Laurel Hill Foods Inc, and SCL Food Sales Inc must be provided for General Liability, Employers Liability, and Auto Liability.

Additional insurance limits may be required, depending on perceived risk exposure to the business.



	Ą	CORD [®]	CER	TIF		BILI	TY INS	URANC	E	date 12/21/	(MM/DD/YYYY) (2023	
	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICA CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED I BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										ATE HOLDER. THIS BY THE POLICIES	
Α	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subjute the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights certificate holder in lieu of such endorsement(s).											
		DUCER		/11(0	J.	CONTA NAME:	ст					
		URANCE AGENCY NAME				PHONE FAX (A/C, No, Ext): (A/C, No):						
	INSU	URANCE AGENCY ADDRESS				E-Mail ADDRESS:						
						INSURER(S) AFFORDING COVERAGE NAIC						
							RA:MARKE					
	INSU	JRED				INSURER B :						
	VEN	NDOR NAME HERE				INSURER C :						
						INSURE						
						INSURER E :						
						INSURER F :						
L	CO	VERAGES C	ERTIFI	САТ	E NUMBER: 1600581759				REVISION NUMBER:		1	
	THIS IS TO CERTIFICATE MOMBER. TOOBDER. TOODDER. THIS IS TO CERTIFICATE MOMBER. THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										WHICH THIS	
	INSR LTR	TYPE OF INSURANCE		SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
	A	X COMMERCIAL GENERAL LIABILITY	Y	Y	POLICY NUMBER		1/1/2024	1/1/202	EACH OCCURRENCE	\$1,000	0.000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	DAMAGE TO RENTED		
									MED EXP (Any one person)	\$5,000		
			_						PERSONAL & ADV INJURY			
		GEN'L AGGREGATE LIMIT APPLIES PER:	_						GENERAL AGGREGATE	0,000		
		X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGO			
		OTHER:								\$		
_	Α	AUTOMOBILE LIABILITY		Y	POLICY NUMBER		1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
В		ANY AUTO							BODILY INJURY (Per person)	_	.,	
		ALL OWNED X SCHEDULED AUTOS X AUTOS							BODILY INJURY (Per acciden	t) \$		
		X HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$		
										\$		
Ī	А	X UMBRELLA LIAB X OCCUR	Y	Y	POLICY NUMBER		1/1/2024	1/1/2025	EACH OCCURRENCE \$3,000		0,000	
		EXCESS LIAB CLAIMS-MA	DE						AGGREGATE	\$3,000	0,000	
		DED RETENTION \$								\$		
	Α	WORKERS COMPENSATION		Y	POLICY NUMBER	1/1/2024	1/1/2025	X PER OTH- STATUTE ER				
		AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$1,000,000		
		OFFICER/MEMBER EXCLUDED?	N / A						E.L. DISEASE - EA EMPLOYE	E \$1,000	0,000	
		If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	г \$1,000	0,000	
									•			
		nex Finer Foods Inc, Laur Additional Insureds to								vor o	f Chev	
	Fi	ner Foods Inc, Laurel Hi	ll Fc	ods	Inc, and SCL Food	Sales	Inc with	n regard	to	VOI O	r enex	
	Ge	eneral Liability, Auto Li	abili	ty a	and Employers Liab	ility	•	-				
		С										
CERTIFICATE HOLDER CANCELLATION												
Chex Finer Foods, Inc. 71 Hampden Rd. Mansfield MA 02048							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						
						your	authreigen	Segnature				
© 1988-2014 ACORD CORPORATION. All rights r										hts reserved.		