



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/06/2026

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).

|                                                                                              |                                                      |                        |
|----------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|
| <b>PRODUCER</b><br><br>Homesite Insurance Agency, Inc.<br>PO Box 5316<br>Binghamton NY 13902 | <b>CONTACT NAME:</b> Homesite Insurance Agency, Inc. |                        |
|                                                                                              | <b>PHONE:</b> (A/C No. Ext): (877) 515-2196          | <b>FAX:</b> (A/C No.): |
|                                                                                              | <b>E-MAIL:</b> commercialservice@homesite.com        |                        |
|                                                                                              | <b>INSURER(S) AFFORDING COVERAGE:</b>                |                        |
|                                                                                              | <b>INSURER A:</b> Midvale Indemnity Company          |                        |
|                                                                                              | <b>INSURER B:</b>                                    |                        |
| <b>INSURED</b><br>Husky Moving LLC<br>82 Newport St<br>Arlington MA 02476                    | <b>INSURER C:</b>                                    |                        |
|                                                                                              | <b>INSURER D:</b>                                    |                        |
|                                                                                              | <b>INSURER E:</b>                                    |                        |
|                                                                                              | <b>INSURER F:</b>                                    |                        |
|                                                                                              | <b>INSURER G:</b>                                    |                        |
|                                                                                              | <b>INSURER H:</b>                                    |                        |

COVERAGES

CERTIFICATE NUMBER: 0000164411222

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                                                                                                                                                                                   | INSR NO. | INSR RVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                     |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                                                                                                                                        | N        | N        | CP08031085    | 11/09/2028              | 11/09/2027              | EACH OCCURRENCE \$300,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$300,000<br>GENERAL AGGREGATE \$500,000<br>PRODUCTS - COMPOP AGG \$800,000 |
|          | <input type="checkbox"/> CLAIMS MADE<br><input checked="" type="checkbox"/> OCCUR                                                                                                                   |          |          |               |                         |                         |                                                                                                                                                                                                                            |
|          | DED: AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER:                   |          |          |               |                         |                         |                                                                                                                                                                                                                            |
|          | AUTOMOBILE LIABILITY                                                                                                                                                                                |          |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                                                                        |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTO ONLY<br><input type="checkbox"/> RENTED AUTO ONLY<br><input type="checkbox"/> SCHEDULED AUTO NON-OWNED AUTO ONLY                                       |          |          |               |                         |                         |                                                                                                                                                                                                                            |
|          | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION                                                   |          |          |               |                         |                         | EACH OCCURRENCE<br>AGGREGATE                                                                                                                                                                                               |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY EMPLOYEE OR PARTNER/RENDERED<br>- FIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N      |          |               |                         |                         | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - SA<br>E.L. DISEASE - POLICY LIMIT                                                                                                                            |
|          | PROFESSIONAL LIABILITY                                                                                                                                                                              |          |          |               |                         |                         | OCCURRENCE<br>AGGREGATE                                                                                                                                                                                                    |

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

Handyman

## CERTIFICATE HOLDER

HUSKY MOVING LLC  
 82 NEWPORT ST  
 ARLINGTON MA 02476

## 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