

**STATE OF NEW HAMPSHIRE
 ELECTRICIANS BOARD**

**NAME: RICHARD Q CHAMBERLIN JR
 8220 M**

**ISSUED: 08/09/1988
 EXPIRES: 11/30/2021**

MASTER

**COMMONWEALTH OF MASSACHUSETTS
 DIVISION OF PROFESSIONAL LICENSURE**
 BOARD OF
 ELECTRICIANS
 ISSUES THE FOLLOWING LICENSE
 REGISTERED MASTER ELECTRICIAN

RICHARD Q CHAMBERLIN JR
 27 ALPINE AVE
 HUDSON, NH 03051-4366

774 MR 07/31/2022 685511

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

Richard Q Chamberlin Jr
 LICENSEE SIGNATURE

**COMMONWEALTH OF MASSACHUSETTS
 DIVISION OF PROFESSIONAL LICENSURE**
 BOARD OF
 ELECTRICIANS
 ISSUES THE FOLLOWING LICENSE
 REG JOURNEYMAN ELECTRICIAN

RICHARD Q CHAMBERLIN JR
 27 ALPINE AVE
 HUDSON, NH 03051-4366

29343 E 07/31/2022 687866

LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

Richard Q Chamberlin Jr
 LICENSEE SIGNATURE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2020

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 Slawsby Insurance Agency 3 Mound Ct, Suite B PO Box 1807 Merrimack NH 03054-1807	CONTACT NAME: Susan Williams PHONE (A/C, No, Ext): (800) 258-1776 E-MAIL ADDRESS: SWilliams@Minutemangroup.com	FAX (A/C, No): (603) 429-1843
	INSURER(S) AFFORDING COVERAGE	
INSURED Chamberlin Enterprises LLC, DBA: Chamberlin Electric 1 Industrial Drive, Suite 1 Hudson NH 03051-3978	INSURER A: Patriot Insurance Company	NAIC # 32069
	INSURER B: Progressive Insurance Company	000780
	INSURER C: NorGuard Insurance company	31470
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2020-2021 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6647799	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employment Practices \$ 100,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			01581320	01/01/2020	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 750,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6647799	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ PER STATUTE OTH-ER
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	CHWC188470-3a states: MA/NH	01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Member (Richard Chamberlin) is excluded from Workers Compensation coverage.

CERTIFICATE HOLDER TOWN OF PLAINFIELD 110 MAIN STREET Plainfield NH 03781	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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