

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/14/2023 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

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 cartificate does not confer rights to the cartificate holder in liquid such and reament(s)

this certificate does not come rights to the certificate holder in fied of such endorsement(s).					
PRODUCER	Lockton Companies	CONTACT NAME:			
	444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	PHONE			
		E-MAIL ADDRESS:			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Safety National Casualty Corporation	15105		
insured 1507676	NORTHEAST SANITATION, INC. 118 FLANDERS ROAD, SUITE 1000 WESTBOROUGH MA 01581	INSURER B: XL Specialty Insurance Company	37885		
		INSURER C: AIG Property Casualty Company	19402		
		INSURER D:			
		INSURER E :			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 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 ADDLISUSR POLICY EFF POLICY EXP							
INSR LTR		INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	S	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		GL4057787	12/31/2023	12/31/2024	DAMAGE TO DENTED	\$ 2,000,000 \$ 1,000,000	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000	
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY		CA6675838	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000	
	X ANY AUTO					BODILY INJURY (Per person)	\$ XXXXXXX	
	OWNED SCHEDULED AUTOS ONLY						\$ XXXXXXX	
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ XXXXXXX	
							\$ XXXXXXX	
В	X UMBRELLA LIAB X OCCUR		US00076933LI23A	12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 10,000,000	
С	EXCESS LIAB CLAIMS-MADE		BE018993878	12/31/2023	12/31/2024	AGGREGATE	\$ 10,000,000	
	DED RETENTION \$						\$ XXXXXXX	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		LDS4047370	12/31/2023	12/31/2024	X PER OTH-ER		
	AND EMPLOYERS CHABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
						, '		

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

CERTIFICATE HOLDER	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 Josh M Agnella