SHEARN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2019

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 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 this certificate does not confer rights to the certificate holder in lieu of su	the policy, certain policies may require an endorsement. A statuch endorsement(s).	ement on							
PRODUCER Berry Insurance	CONTACT NAME: PHONE (A/C, No, Ext): (508) 528-5200 FAX (A/C, No): (508) 520-6914								
31 Hayward Street, Suite J Franklin, MA 02038	E-MAIL ADDRESS: berry247@berryinsurance.com								
	INSURER(S) AFFORDING COVERAGE	NAIC #							
	INSURER A : Philadelphia Indemnity Ins Co								
INSURED	INSURER B : Markel Service Inc								
CNC Golf LLC Dba X-golf Wayland	INSURER C:								
113 Everett St	INSURER D:								
Concord, MA 01742	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.									
NSR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS								
A X COMMERCIAL GENERAL LIABILITY	EACH OCCURRENCE \$	1,000,000							
CLAIMS-MADE X OCCUR PHPK2061241	11/8/2019 11/8/2020 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000							
	MED EXP (Any one person) \$	0							
	PERSONAL & ADV INJURY \$	1,000,000							

LTR	I TPE OF INSURANCE	INSD	WVD	POLICT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	3	
Α	X COMMERCIAL GENERAL LIABILITY				,	,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			PHPK2061241	11/8/2019	11/8/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	0
							PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO			PHPK2061241	11/8/2019	11/8/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
	EXCESS LIAB CLAIMS-MADE			PHUB704174	74 12/12/2019	12/12/2020	AGGREGATE	\$	1,000,000
	DED X RETENTION \$ 10,000							\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N. / A					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A	MWC0154688-01	8/26/2019	8/26/2020	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)		A				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Wayland Town Center, 60-66 Andrew Ave. Wayland, MA/ National Development Asset Management of New England Limited Partnership is listed as an additional insured under the general liability and automobile liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION

BOS Retail 1, LLC Zurich Alternative Asset Management Four World Trade Center 150 Greenwich St 52nd Floor New York, NY 10007

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

ACORD 25 (2016/03)