



AmTrust International Underwriters Designated Activity Company
 800 Superior Avenue East, 21st Floor
 Cleveland, OH 44114
 877-528-7878

INSPECTOR PROFESSIONAL LIABILITY COVERAGE

THIS IS A CLAIMS MADE AND REPORTED COVERAGE. PLEASE READ YOUR POLICY CAREFULLY.

PRODUCER: Citadel Insurance Services, LC **MASTER POLICY NUMBER:** PAL1256082
CERTIFICATE NUMBER: PAL1256082.1600516-01

THIS COVERAGE APPLIES ONLY TO THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. CLAIM EXPENSES ARE WITHIN THE LIMITS OF LIABILITY AND REDUCE THE LIMIT OF LIABILITY. PLEASE REVIEW THIS POLICY CAREFULLY.

ITEM 1.	NAMED INSURED:	MKC Associates, LLC
ITEM 2.	ADDRESS:	20 Brattle Place Arlington, MA 02474
ITEM 3.	POLICY PERIOD:	FROM: 2/10/2017 TO 2/10/2018 <small>12:01 A.M Standard Time at the address of the Named Insured as stated herein.</small>
ITEM 4.	LIMITS OF INSURANCE (Inclusive of "defense expenses"):	\$1,000,000 Each "Claim" Limit \$2,000,000 Aggregate Limit
ITEM 5.	DEDUCTIBLE (Inclusive of "defense expenses"):	\$2,500 Each Claim
ITEM 6.	POLICY PREMIUM	\$ INCLUDED
ITEM 7.	RETROACTIVE DATE:	3/21/2005
ITEM 8.	FORMS AND ENDORSEMENTS ATTACHED AT POLICY EFFECTIVE DATE: See form FMSCH-DEC-CIT	

THESE DECLARATIONS, TOGETHER WITH THE POLICY CONDITIONS, COVERAGE PART(S), FORM(S) AND ANY ENDORSEMENT(S), ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED MASTER POLICY/CERTIFICATE NUMBER.



Issued Date: 2/9/2017

Authorized Representative

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
INSURANCE POLICY --- INFORMATION PAGE

INSURER:
NORFOLK & DEDHAM MUTUAL FIRE INSURANCE COMPANY
222 AMES STREET
DEDHAM, MA 02026

POLICY NO: WE127916A
ENDORSEMENT EFF 05/01/2016
NCCI Company No: 21059
Account No:
FEIN: 20-2675574

ITEM 1. NAMED INSURED AND MAILING ADDRESS:
MKC ASSOCIATES, LLC
20 BRATTLE PL.
ARLINGTON, MA 02474

AGENT NAME AND ADDRESS:
BRIAN MCMAHON INS.
SERVICES
263 WINN STREET
PO BOX 290
BURLINGTON, MA 01803

AGENT NO.: 20015

LEGAL ENTITY: LIMITED LIABILITY COMPANY (LLC)
OTHER WORKPLACES NOT SHOWN ABOVE: (See Workers Compensation Classification Schedule)

ITEM 2. POLICY PERIOD: From: 05/01/2016 To: 05/01/2017
Effective 12:01 A.M. Standard Time at the Insured's mailing address.

ITEM 3. COVERAGE:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MA

B. Employers' Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of liability under Part Two are:

Bodily Injury by Accident:	\$	100,000	each accident
Bodily Injury by Disease:	\$	500,000	policy limit
Bodily Injury by Disease:	\$	100,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
SEE ENDORSEMENT WC 20 03 06 B

D. This Policy includes these Endorsements and Schedules:
See Schedule of Forms and Endorsements.

ITEM 4. PREMIUM: The premium for this Policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Workers Compensation Classification Schedule is subject to verification and change by audit.

Minimum Premium: \$	211	Total Estimated	
Audit Period: ANNUAL		Annual Premium: \$	1,837
		Additional / Return Premium: \$	-545 RETURN
		Comments:	CHANGE PAYROLL PER AUDIT

Issued At:

Date: 08/25/2016

Countersigned by _____