

# Insurance Requirements

The following evidence of insurance must be supplied:

- 01. Workers' Comp:** (MA statutory limits)
- 02. Employer's Liability** (\$500,000 each accident / disease / policy limit)
- 03. Auto Liability** (Only required if parking a vehicle - \$1M combined single limit)
- 04. All Risks, Property Replacement** cost coverage for personal property located at The Engine
- 05. Commercial General Liability** (\$1M per occurrence/ \$2M Aggregate)

**Additional insureds** listed below **MUST** be named by policy endorsement for all coverages (except worker's compensation)

The Engine Accelerator, Inc. **(CERTIFICATE HOLDER)**  
501 Massachusetts Avenue  
Cambridge, MA 02139  
ATTN: Emily Knight

Greensail, LLC  
1188 Centre Street  
Newton Center, MA 02459

If you need help with any insurance requirements please contact  
Marsh MMA - Alison Walshe - [alison.walshe@marshmma.com](mailto:alison.walshe@marshmma.com)

# INFORMATION FOR NEW GENERAL LIABILITY POLICY APPLICATIONS

**Legal Name:** The Engine Accelerator, Inc.

**FEIN/TAX ID #:** 81-4518296

**Property Address:** 501 Massachusetts Avenue, Cambridge, MA 02139

**Effective Date:** May 8, 2017

**Comprehensive General Liability:** \$2,000,000

**Worker's Compensation:** MA statutory limits

**Business Personal Property Limit:** TO BE DETERMINED BY COMPANY

**Additions & Alterations Limit:** N/A

**Construction type:** masonry, noncombustible

**Year Built:** 1918

**#Stories/#Basements:** 4 stories / 1 level of basement

**Sprinklered:** Yes (water)

**Heating:** Hot water with heat pumps

**Boiler:** Yes

**Dates of updates to building:**

- **Electrical:** 2016 **Plumbing:** 2016 **Heating:** 2024 **Roof:** 2024

**Fire Protection:** Central station

**Security/Alarms:** 24/7 card access

**Distance to Fire Hydrant:** 200 feet **To Fire Station:** ½ mile

**Total Square Feet Area:** 40,000 square feet (floor 2, 3, 4 and basement)

**Total sales for this location:** N/A

**Landlord:** Greensail, LLC

**Property Manager:** Cozy Property Management Inc.

**Additional Insureds:** THE ENGINE ACCELERATOR, INC. (LICENSOR)  
501 Massachusetts Avenue  
Cambridge, MA 02139  
Attn: Emily Knight



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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><b>YOUR INSURANCE COMPANY</b><br><b>NAME &amp; ADDRESS</b> | <b>CONTACT NAME:</b>                 |                       |
|   | <b>PHONE (A/C, No, Ext):</b>         | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br><br><b>YOUR COMPANY</b><br><b>LEGAL NAME &amp; ADDRESS</b>      | <b>E-MAIL ADDRESS:</b>               |                       |
|   | <b>INSURER(S) AFFORDING COVERAGE</b> |                       |
|   | <b>INSURER A :</b>                   |                       |
|   | <b>INSURER B :</b>                   |                       |
|   | <b>INSURER C :</b>                   |                       |
|   | <b>INSURER D :</b>                   |                       |
| <b>INSURER E :</b>  |                                      |                       |
| <b>INSURER F :</b>  |                                      |                       |

**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 CERTIFICATION 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 SUBR INSD WVD   | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|-------------------------------------|--|--|---|-------------------------|-------------------------|--|
| <input checked="" type="checkbox"/> | <b>COMMERCIAL GENERAL LIABILITY</b><br><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |  |   |                         |                         | EACH OCCURRENCE \$ <b>1,000,000</b><br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ <b>2,000,000</b><br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|                                     | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  |  | <b>Required if parking on site or making deliveries</b> |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|                                     | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$  |  |   |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|                                     | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <b>MA Statutory limits</b>                              |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ <b>500,000</b><br>E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b><br>E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>              |
|                                     | <b>Commercial Property</b>   |  | <b>All-Risks Property Replacement cost coverage</b>     |                         |                         |  |

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

The Engine Accelerator, Inc. (LICENSOR), 501 Massachusetts Avenue, Cambridge, MA 02139 ATTN: Emily Knight  
Greensail, LLC, 1188 Centre Street, Newton Center, MA 02459  
are listed as Additional Insureds for General Liability as required in written agreement.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| <b>The Engine Accelerator, Inc</b><br><b>Attn: Emily Knight</b><br><b>501 Massachusetts Avenue</b><br><b>Cambridge, MA 02139</b> | <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> |
|  | <b>AUTHORIZED REPRESENTATIVE</b>  |

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