



28 EDGE HILL RD, WALTHAM, MA 02451
376A CAMBRIDGE ST, BURLINGTON, MA 01803
SERVICE@NWPESTCONTROL.COM ★ 781-891-5313

NW Pest Control is a private family owned business, established in 1975 by the Vallerand family.

Our reputation has been built on rapid response and providing quality, data driven services to our clients.

Implementing integrated pest management (IPM) practices and utilizing **site collected data** is how we can offer that **"Next Level"** of service to our commercial clients.

40+ Years of Industry Experience

- ❖ Apartment & Condo Complexes (From 4 - 1000+ units)
 - ❖ Nursing Homes/Health Care Facilities
 - ❖ Municipalities/Schools
 - ❖ Hotels
 - ❖ Restaurants/Breweries
 - ❖ Warehouses/Office Buildings
-
- Full IPM programs available
 - Completely Customizable Routine Services Weekly, Monthly, Etc.
 - Board Of Health Facilitation
 - Free Insect Identification
 - Same Day/Next Day Service during Business Hours
 - Open Saturdays



Who We Help Keep Under Control





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 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 H.J. Knight International 30 Braintree Hill Office Park Braintree, MA 02184	CONTACT NAME: David Greenaway PHONE (A/C, No, Ext): (781) 966-3700 (A/C, No): (781) 966-3701 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Philadelphia Insurance Companies INSURER B : Star Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :
INSURED NW Pest Control Inc. 28 Edge Hill Road Waltham, MA 02451	

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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BPPKG0684800	1/24/2024	1/24/2025	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
A	AUTOMOBILE LIABILITY			6Z51767	1/24/2024	1/24/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB			BPFXS0070300	1/24/2024	1/24/2025	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			6H51767	1/24/2024	1/24/2025	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EAEMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Pollution Liability			BPPKG0684800	1/24/2024	1/24/2025	Per Occur. 1,000,000	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
If required by written contract or agreement, the certificate holder is include as an additional insured for general liability per CGL Form CG2010 (07/04), but only with respect to the operations of the named insured.

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