ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 133532

DATE (MM/DD/YYYY) 12/28/2012

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	CONTACT Kimberly Cybulski								
HUB International New England	PHONE (A/C, No, Ext): 781-792-3364 FAX (A/C, No):								
600 Longwater Drive	E-MAIL ADDRESS: Kimberly.Cybulski@HUBInternational.com								
Norwell, MA 02061	INSURER(S) AFFORDING COVERAGE	NAIC#							
781 792-3200	INSURER A: Philadelphia Insurance Co	6777							
INSURED Appalachian Mountain Club	INSURER B : North River Ins Co	21105							
	INSURER C: United States Fire Ins Co	21113							
5 Joy Street	INSURER D :								
Boston, MA 02108	INSURER E:								
	INSURER F:								

COV			NUMBER:	REVISION NUMBER:					
IN	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F CCLUSIONS AND CONDITIONS OF SUCH	QUIREMEN ERTAIN, T POLICIES	T, TERM OR CONDITION OF A THE INSURANCE AFFORDED I LIMITS SHOWN MAY HAVE	ANY CONTRACT OF BY THE POLICIES BEEN REDUCED F	R OTHER DOO DESCRIBED H BY PAID CLAII	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY		PHPK960763	01/01/2013			\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$20,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	\$3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$3,000,000		
	POLICY PRO- JECT X LOC						\$		
A	AUTOMOBILE LIABILITY		PHPK960763	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ANY AUTO		PHPK960763 U			BODILY INJURY (Per person)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS					BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$		
	AUTOS						\$		
A	X UMBRELLA LIAB X OCCUR		PHUB406725	01/01/2013	01/01/2014	EACH OCCURRENCE	\$10,000,000		
В	EXCESS LIAB CLAIMS-MADE		5227470216	01/01/2013	01/01/2014	AGGREGATE	\$10,000,000		
	DED X RETENTION \$0	1.	\$15mm xs \$10mm				\$		
С	WORKERS COMPENSATION		4087038573	02/01/2012	02/01/2013	X WC STATU- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		Communication of the Communica			E.L. EACH ACCIDENT	\$500,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$500,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$500,000		
	BECOM HOLLO, O. E. E. WILLOWS BOOM	 							

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

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17																			

U.S. Government c/o USDA Forest Service 71 White Mountain Drive Campton, NH 03223 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

Michael & Chapun

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