

NOSTROWSKI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2021

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

t	nis certificate does not confer rights	to the	cert	tificate holder in lieu of si	uch end	dorsement(s).	require an endo	rsemen	t. A S	atement on	
PRODUCER The Secret Insurance Agency LLC 409 Minnisink Road						CONTACT NAME:						
						PHONE (A/C, No, Ext): (973) 812-7327 FAX (A/C, No): (973) 200-0052						
Suite 104					E-MAIL ADDRESS:							
101	owa, NJ 07512		INSURER(S) AFFORDING COVERAGE						NAIC#			
		INSURER A : Selective Insurance Company of New England					land	11867				
INS	JRED				INSURE	11001						
	Universal Interlock Corpora	ation 7	T/A K	(itchen Expo	INSURE							
	950 New Durham Road				INSURER D:							
	Edison, NJ 08817				INSURER E :							
					INSURE	RF:						
_				NUMBER:				REVISION NUM	BER:			
C E	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	TAIN, CIES.	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH				
LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	s		
Α	X COMMERCIAL GENERAL LIABILITY					9/1/2020	9/1/2021	EACH OCCURRENCE \$		1		
	CLAIMS-MADE X OCCUR			S 2390227				DAMAGE TO RENTEI PREMISES (Ea occur	D rence)	\$,	
								MED EXP (Any one pe		\$		
								PERSONAL & ADV IN		\$	1	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA		s		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/O		\$	1	
A	OTHER:									\$		
Α	AUTOMOBILE LIABILITY						9/1/2021	COMBINED SINGLE L (Ea accident)	TIMI.	\$		
	ANY AUTO OWNED SCHEDULED			S 2390227		9/1/2020		BODILY INJURY (Per	person)	\$		
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per	accident)	\$		
	X HIRED ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$.		
Α	V	-	_							\$		
_	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			S 2390227		0/4/0000	0/4/0004	EACH OCCURRENCE		\$		
	10.000	4 1	- 1	3 2390221		9/1/2020	9/1/2021	AGGREGATE		\$	1	
			-					l DED		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	-	-					PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					-	E.L. EACH ACCIDENT		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below		-					E.L. DISEASE - EA EM	IPLOYEE S	\$		
	DESCRIPTION OF OPERATIONS DEIOW							E.L. DISEASE - POLIC	Y LIMIT S	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (A)	CORD	101 Additional Pamarks Sahadul								
		יאן טבב	OOND	ivi, Additional Remarks Schedul	e, may be	attached if more	space is require	d)				
											-	
											1	
CER	TIFICATE HOLDER				CANC	ELLATION						
						- None						
					IHE	EXPIRATION	DATE THE	SCRIBED POLICIES REOF, NOTICE V PROVISIONS.	S BE CAN WILL BE	ICELLE DELI	D BEFORE VERED IN	
<u> </u>						ZED REPRESEN	TATIVE					
					Starty W. Hadik							
					المعرف	+ W. Headile	-					
CC	RD 25 (2016/03)		-1,701			0 /						

CDILGARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

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.

	WPORTANT: If the certificate hold SUBROGATION IS WAIVED, sub- his certificate does not confer right:	1000	o m	191ms and conditions of	the ne	alian aamain	maliaiaa	NAL INSURED y require an end	provisio lorseme	ns or b nt. A s	e endorsed. tatement on	
PRO	DUCER		- 10		CONTACT Carrie A. Dilgard							
CR 125	SP, an Alera Group Insurance Ager 0 Route 28	PHONE (A/C, No, Ext): (908) 566-1280				FAX (A/C, No): (908) 566-1290						
Sui	te 201		E-MAIL ADDRESS: cdilgard@crispadvisors.com						000-1230			
ьга	nchburg, NJ 08876				INSURER(S) AFFORDING COVERAGE						NAIC#	
					INSURER A : The Hartford Insurance Group						NAIC#	
INS	JRED				INSURER B:							
	Universal Interlock Corp	ba Ki	tcher	Ехро	INSURER C:							
	950 New Durham Road Edison, NJ 08817	INSURER D:										
	243011, 140 00017				INSURER E :							
		INSURER F:										
	VERAGES CE	RTIF	CAT	E NUMBER:	REVISION NUMBER:							
C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA KCLUSIONS AND CONDITIONS OF SUC	Y PER	RTAIN	, THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	Y THE POLICI REDUCED BY	ES DESCRIE PAID CLAIMS	R DOCUMENT WIT	VE FOR TH RESP	THE POI ECT TO TO ALL	LICY PERIOD WHICH THIS THE TERMS,	
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY		ADDL SUBR INSD WVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	ν <u>Γ</u>		MITS		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE		\$		
	OCCOR							DAMAGE TO RENTE PREMISES (Ea occu	ED Irrence)	\$		
		-	1	4 1				MED EXP (Any one	person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:	-						PERSONAL & ADV I	NJURY	\$		
	POLICY PRO- LOC							GENERAL AGGREG	SATE	\$		
	OTHER:							PRODUCTS - COMP	P/OP AGG	\$		
	AUTOMOBILE LIABILITY	1						COMBINED SINGLE	LIMIT	\$		
	ANY AUTO							(Ea accident)		\$		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Pe	-	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	r accident) E	\$		
	10.000							(Per accident)	X022	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC		\$		
	EXCESS LIAB CLAIMS-MAD							AGGREGATE	E	\$		
	DED RETENTION\$							ACCRECATE		\$		
	VORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER STATUTE	OTH- ER	<u> </u>		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		13WBCAA6R46		3/1/2021	3/1/2022	E.L. EACH ACCIDEN		s		
1	If yes, describe under							E.L. DISEASE - EA E			,	
-	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI		\$		
DESC	RIPTION OF OPERATIONS / OCATIONS / VELU											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CER	TIFICATE 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 OLD HANDEN OLD						
CO	RD 25 (2016/03)		04000									