

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2016

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).

	MDED ~ 00	•		DEVIOLON NUM	4050	
		INSURER F:				
Morganville NJ 07751		INSURER E:				
275 Rt 79		INSURER D: Torus National Insurance Co				
Select Sealers & Basement Waterproofing Inc. Select Basement Waterproofing Inc.	•	INSURER C: Mesa Underwriters Speciality Ins				
NSURED	(732) 526-7770	INSURER B: Continental Indemnity Co.				28258
			elective	Ins Co of New Engl	an	11867
Toms River NJ 08753		INSURER(S) AFFORDING COVERAGE				NAIC #
•		E-MAIL ADDRESS:				
Arctic Risk Specialist, Inc. 2008 Route 37 East, Ste 10		PHONE (A/C, No, Ext):	(732) 3	72-4348	FAX (A/C, No): (732)	372-4369
PRODUCER		CONTACT NAME:	Thomas	Nastasi		

COVERAGES CERTIFICATE NUMBER: Cert ID 800 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 INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
С	х	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
		CLAIMS-MADE X OCCUR		MP0029002004143	08/29/2016	08/29/2017	PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
		N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ \$	2,000,000
	ΑU	OTHER: OMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A	х	ANY AUTO		S 2125429	08/29/2016	08/29/2017	BODILY INJURY (Per person)	\$,,
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
								\$	
Þ	х	UMBRELLA LIAB X OCCUR		75775U160ALI	08/29/2016	08/29/2017	EACH OCCURRENCE	\$	1,000,000
		EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	2,000,000
		DED RETENTION \$					DED OTH	\$	
В		RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N		46-895201-01-01	10/18/2016	10/18/2017	X PER STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mai	ndatory in NH) s. describe under					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
<u> </u>		CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								\$	
								¢ c	
L		TION OF OREDATIONS / LOCATIONS / VEHICL		 			0	Φ	

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

CERTIFICATE HOLDER	CANCELLATION
Evidence of Insurance	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
	Re

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