CERTIFICATE OF LIABILITY INSURANCE								DATE (MM/DD/YYYY) 01/27/2023
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 SUBROGATIONIS 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								
	CHEX INSURANCE AGENCY INC		CONTACT NAME:					
76210705				PHONE (877) 266-6850 FAX (A/C, No, Ext): (A/C, No):				
225 KENNETH DR STE 110				E-MAIL ADDRESS:				
ROCHESTER NY 14623				INSURER(S) AFFORDING COVERAGE				NAIC#
				INSURER A : Hartford Fire and Its P&C Affiliates				00914
INSURED				INSURER B :				
CAS	SEY'S EXECUTIVE INTERIORS INC		INSURER C :					
-	US 22	INSURER D :						
GRE	EEN BROOK NJ 08812			INSURER E :				
	VERAGES C		FICATE NU				ION NUMBER:	
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	ITFE OF INSURANCE	INSR WVD (MM/DD/YYYY) (MM/DD/Y YYY)						s
							EACH OCCURRENCE DAMAGE TO RENTED	
							PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
							GENERAL AGGREGATE	
							PRODUCTS - COMP/OP AGO	;
	OTHER:							
							COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per acciden	t)
	HIRED NON-OWNED						PROPERTY DAMAGE	
	AUTOS AUTOS						(Per accident)	
							EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-						AGGREGATE	
	MADE						AGGREGATE	
	DED RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH STATUTE ER	-
	ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000
A	OFFICER/MEMBER EXCLUDED?			76 WBG LT1121	11/22/2022	11/22/2023	E.L. DISEASE -EA EMPLOYE	e \$1,000,000
	(Mandatory in NH) If yes, describe under	1					E.L. DISEASE - POLICY LIMI	- \$1,000,000
	DESCRIPTION OF OPERATIONS below							\$1,000,000
0500				Additional Demonto C	hodulo movilia att	abad if many and	o io roquiro-1)	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Those usual to the Insured's Operations. Number of the Bid: Furniture & Equipment - School & Office #HCESC-CAT-23-01								
	RTIFICATE HOLDER			Ja. i uniture a Equi			00-041-20-01	
CERTIFICATE HOLDER CANCELLATION Hunterdon County Educational Services SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED								
Commission					BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED			
37 HOFFMANS CROSSING RD								
CALIFON NJ 07830-4223 AUTHORIZED REPRESENTATIVE								
Susand. Castaneda								
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