

DCARONE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/1/2023

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 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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT NAME:						
Otterstedt Insurance Agency Inc. 933 Route 23 South		FAX (A/C, No):(201) 227-5039					
Pompton Plains, NJ 07444	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
	INSURER A : Harleysville Ins. Co.	23582					
INSURED	INSURER B:						
Sal Electric Company Inc	INSURER C:						
83 Fleet Street	INSURER D:						
Jersey City, NJ 07306	INSURER E:						
	INSURER F:						

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		ADDL SUB	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	INOD WY		(MIND D) 1111)	(MM/25/1111)	EACH OCCURRENCE	\$	2,000,000
	CLAIMS-MADE X OCCUR		MPA00000022412Y	8/1/2023	8/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	15,000
						PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	4,000,000
	POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO		BA0000058659C	8/1/2023	8/1/2024	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
Α	X UMBRELLA LIAB X OCCUR			8/1/2023		EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		CMB00000023262D		8/1/2024	AGGREGATE	\$	5,000,000
	DED X RETENTION\$						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		PRIETOR/PARTNER/EXECUTIVE Y/N WC0000006934AN 8/1/2023	8/1/2024	E.L. EACH ACCIDENT	\$	1,000,000	
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bid name: LED Lighting #HCESC-Cat-08

Hunterdon County ESC is included as additional insureds as their interest may appear, when required by written and executed contract and only with respects to work performed by the Named Insured. Subject to policy form, terms, conditions and exclusions

CERTIFICATE HOLDER	CANCELLATION

Hunterdon County Educational Services Commission 37 Hoffmans Crossing Road Califon, NJ 07830

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