

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2019

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).												rights to the	
PRODUCER							CONTACT NAME:						
Insurance Agent/Broker Name							PHONE FAX (A/C, No, Ext): (A/C, No):						
Address							(A/C, NO, EXT): (A/C, NO): E-MAIL ADDRESS:						
Phone Number							INSURER(S) AFFORDING COVERAGE NAIC #						
							INSURER A: Name of Insurance Company					Enter NAIC #	
INSURED								INSURER B: Name of Insurance Comapny (if applicable)				Enter NAIC #	
Name of Insured							INSURER C: Name of Insurance Comapny (if applicable)				Enter NAIC #		
The state of the s							INSURER D: Name of Insurance Comapny (if applicable)					Enter NAIC #	
							INSURER E: Name of Insurance Comapny (if applicable)					Enter NAIC #	
								INSURER F: Name of Insurance Comapny (if applicable)					
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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.												WHICH THIS	
INSR LTR		TYPE OF INSUR	ANCE	ADDL INSD	SUBR	POLICY NUMBER	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR									EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000	
		CEAIWIS-WADE [2	OCCOR				-			MED EXP (Any one person)	\$	30,000	
				Υ		Policy #		Date	Date	PERSONAL & ADV INJURY	\$	1,000,000	
	GEN) N'L AGGREGATE LIMIT A	PPI IES PER							GENERAL AGGREGATE	\$	1,000,000	
	X	POLICY PRO- JECT	LOC				K		ĺ	PRODUCTS - COMP/OP AGG	\$	1,000,00	
		OTHER:									\$		
	AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	500,000	
	X	ANY AUTO								BODILY INJURY (Per person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
		HIRED AUTOS	AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
											\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTIO	N \$								\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?									Y PER OTH-			
				N/A						E.L. EACH ACCIDENT	\$	100,000	
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE	\$	100,000	
	DESCRIPTION OF OPERATIONS below									E.L. DISEASE - POLICY LIMIT	\$	500,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)													
CERTIFICATE HOLDER							CANCELLATION						
The Ridge Farm at Riverview 3 Wolverton Road Asbuy, NJ 08802							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						
							MUST BE SIGNED						