

New Jersey Division of Consumer Affairs

Person Info

Name: IMPERIAL HOME REMODELING LLC

Owner/Manager :Giovanni Esposito

License Number: 13VH08304300

Permit Emails :Y

Address Info

Licensee Address:

1595 Imperial Way
Unit #117
West Deptford, NJ 08066
giovanni@imperialhomeremodeling.com
8563026207

License Address:

1595 Imperial Way
Unit #117
West Deptford, NJ 08066
giovanni@imperialhomeremodeling.com
8565532091

Question Response Summary

1) A Home Improvement Contractor Business is required to have a commercial general liability insurance policy in a minimum amount of \$500,000 per occurrence, at all times while registered as a Home Improvement Contractor Business. Do you have a commercial general liability insurance policy in a minimum amount of \$500,000 per occurrence? HELP	Y
2) Pursuant to N.J.S.A. 56:8-142, a Home Improvement Contractor Business is required to maintain "additional security" during the entire period of registration, which shall be in the form: 1) a compliance bond issued by one or more sureties authorized to transact business in this State; 2) an irrevocable letter of credit issued by a bank; or 3) securities, moneys, or other security. Do you have this additional security? HELP	Y
3) Is the additional security in the form of a bank check? Checks must be mailed to the following address: Division Of Consumer Affairs, Home Improvement Contractor Business Unit, 124 Halsey St., 7th Floor, PO Box 46016, Newark, NJ 07101, ATTN: HICB/HECB Unit. If you answered "Yes," we will contact you by email for further information. Please review the updated law in the link provided https://www.njconsumeraffairs.gov/Documents/HIC-HEC-Regarding-Changes-To-The-Law-New-Requirements-For-Registration.pdf . HELP	N
4) A Home Improvement Contractor Business is required to have a workers' compensation insurance policy, unless exempted by law, at all times while registered as a Home Improvement Contractor Business. Do you maintain workers' compensation insurance? HELP	Y
5) If you answered "No" to question 4, are you affirming that you are exempted by law from maintaining workers' compensation insurance? (Note: If you answered "Yes" to question 4, then answer "Yes" to this question to proceed.) If your business is claiming an exemption from the workers' compensation insurance requirement, and has reviewed the New Jersey Department of Labor and Workforce Development guide, you must submit a letter explaining the basis for this exemption. HELP	Y
6) Has the entity (applicant), any officer, director, principal or persons with an ownership interest of 10% or more in the home improvement contractor business, been found liable in an administrative or a civil action for engaging in any of the following: fraud, dishonesty, incompetence, negligence, professional or occupational misconduct since the submission of your initial registration or last renewal application (whichever is more recent)? If you answered "yes" we will contact you by letter for further information.	N
7) Has the entity (applicant), any officer, director, principal or persons with an ownership interest of 10% or more in the home improvement contractor business, been named as a defendant or respondent in a consent order, assurance of voluntary compliance or final order with the New Jersey Division of Consumer Affairs or any other state or federal agency since the submission of your initial registration or late renewal application (whichever is more recent)? If you answered "yes" we will contact you by letter for further information.	■
8) Has the entity (applicant), any officer, director, principal or persons with an ownership interest of 10% or more in the home improvement contractor business, been convicted of a crime other than those disclosed on your initial application for registration or last renewal application (whichever is more recent)? If you answered "yes" we will contact you by letter for further information.	■

Additional Renewal Information/Survey

Bond Information

Mints Insurance Agency INC							
Coverage Type:	General Liability	Instrument Type:	Insurance	Bond Cash Deposit Date:		Bond Number:	BKS60888453
Bond Issue Date:	1/15/2025	Bond Exp Date:	1/14/2026	Bond/Insurance Amt:	\$1,000,000.00	Bond Type:	General Liability
Bond/Insurance Company:	Mints Insurance Agency INC						
Bond Ability							
Coverage Type:	Additional Securities	Instrument Type:	Bond	Bond Cash Deposit Date:		Bond Number:	900107
Bond Issue Date:	2/25/2025	Bond Exp Date:	3/31/2026	Bond/Insurance Amt:	\$10,000.00	Bond Type:	Additional Security
Bond/Insurance Company:	Bond Ability						

Education List

No education records

Employment List

No employment records

Corporation Personnel

I elect to place my license in the status shown below

Status changing to:

Active

Status Effective Date:

Original Status:

Active

Attachments

Document Name	Document Type
13VH08304300_IMPERIAL HOME REMODELING LLC.pdf	Renewal Application

CERTIFICATE OF INSURANCE

Certificate Issued to:

Imperial Home Remodeling
28 W. Church Street
Blackwood, NJ 08012

This is to certify that Policy Number **06130262** issued in the name of:

J & A Home Contractors Inc
PO Box 1184
Morrisville, PA 19067

Is in force on the date hereof, as follows:

Kind of Insurance: Workers' Compensation and Employers Liability
Policy Period: **Effective:** 02/24/2023 at 12:01 AM
Expiration: 02/24/2024 at 12:01 AM

Limits of Liability: Workers' Compensation Insurance fully complies with the provisions of the Pennsylvania Workers' Compensation Act and the Pennsylvania Occupational Disease Act as re-enacted.

Employers Liability Insurance:

Bodily Injury by Accident	\$100,000	Each Accident
Bodily Injury by Disease	\$100,000	Each Employee
Bodily Injury by Disease	\$500,000	Policy Limit

Job/Site Memo: Certificate covers only Pennsylvania Employees.

Description of Work Covered:

0652 CARPENTRY - RESIDENTIAL 0659 ROOFING - ALL KINDS

Coverage includes all operations incidental to the business of the insured for Pennsylvania employees only and includes Pennsylvania employees whose duties require them to go beyond the territorial limits of the Commonwealth as provided by Section 305.2 of Pennsylvania Workers' Compensation Act as amended.

30-Day Cancellation Clause: In accordance with the procedures for cancellation, the State Workers' Insurance Fund will endeavor to give 30 days notice before the cancellation becomes effective. However, the policyholder may cancel forthwith without prior notice to SWIF.

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