

Mints Insurance Agency INC

Coverage Type:	General Liability	Instrument Type:	Insurance	Bond Cash Deposit Date:		Bond Number:	BKS60888453
Bond Issue Date:	4/13/2024	Bond Exp Date:	4/13/2025	Bond/Insurance Amt:	\$1,000,000.00	Bond Type:	General Liability
Bond/Insurance Company:	Mints Insurance Agency INC						

Mints Insurance Agency INC

Coverage Type:	General Liability	Instrument Type:	Insurance	Bond Cash Deposit Date:		Bond Number:	BKS60888453
Bond Issue Date:	4/13/2024	Bond Exp Date:	4/13/2026	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:	900106
Bond Issue Date:	2/25/2025	Bond Exp Date:	3/31/2026	Bond/Insurance Amt:	\$25,000.00	Bond Type:	Additional Security
Bond/Insurance Company:	Bond Ability						

Mints Insurance Agency INC

Coverage Type:	General Liability	Instrument Type:	Insurance	Bond Cash Deposit Date:		Bond Number:	BKS60888453
Bond Issue Date:	4/13/2025	Bond Exp Date:	4/13/2026	Bond/Insurance Amt:	\$1,000,000.00	Bond Type:	General Liability
Bond/Insurance Company:	Mints Insurance Agency INC						

Mints Insurance Agency INC

Coverage Type:	General Liability	Instrument Type:	Insurance	Bond Cash Deposit Date:		Bond Number:	NPP8306423
Bond Issue Date:	4/13/2024	Bond Exp Date:	4/13/2025	Bond/Insurance Amt:	\$1,000,000.00	Bond Type:	General Liability
Bond/Insurance Company:	Mints Insurance Agency INC						

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:

Status Effective Date:

Original Status: Active

Attachments

Document Name	Document Type
Bond IHR.pdf	Insurance Document
coi IHR.pdf	Insurance Document
Ins IHR 2025.pdf	Insurance Document
13VH10031900 IHR INC.pdf	Renewal Application

New Jersey Division of Consumer Affairs

Person Info

Name: IHR, INC
License Number: 13VH10031900

Owner/Manager :Gioranni Esposito
Permit Emails :Y

Address Info

Licensee Address:

30 W. Church Street
Blackwood, NJ 08012
admin@ihrcpro.com
8563026207

License Address:

30 W Church St
Blackwood, NJ 08012
giovanni@ihrcpro.com
8565532091

Question Response Summary

1) You are required to have a commercial general liability insurance policy in an amount of at least \$500,000 per occurrence at all times while registered as an HIC. Do you have this insurance? You must have a copy of your Certificate of Commercial General Liability Insurance on file with the Division. If your insurance is cancelled or not renewed at any time during the renewal cycle, you must file a copy of your new or replacement Certificate of Commercial General Liability Insurance with the Division before the former policy lapses. Failure to do so may result in action being taken against your registration. Mail a copy of your Certificate of Commercial General Liability Insurance to the New Jersey Division of Consumer Affairs, Regulated Business, Home Improvement Contractors, PO Box 46016, Newark, New Jersey 07101.

Y

2) 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

3) 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 last renewal application (whichever is more recent)? If you answered "yes" we will contact you by letter for further information.

4) 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:	NPP8306423
Bond Issue Date:	4/13/2024	Bond Exp Date:	4/13/2025	Bond/Insurance Amt:	1000000.0000	Bond Type:	General Liability
Bond/Insurance Company:	Mints Insurance Agency INC						

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Corporation Personnel

No corp personnel for license

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Active

Status Effective Date:

Original Status:

Active

Attachments

Document Name	Document Type
13VH10031900_IHR INC.pdf	Renewal Application

New Jersey Division of Consumer Affairs

Person Info

Name: IHR, INC
License Number: 13VH10031900

Owner/Manager :Gioranni Esposito
Permit Emails :Y

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4) 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:	NN1368984
Bond Issue Date:	4/13/2022	Bond Exp Date:	4/13/2023	Bond/Insurance Amt:	1000000.0000	Bond Type:	Commercial General Liability
Bond/Insurance Company:	Mints Insurance Agency, Inc						

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Employment List

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Corporation Personnel

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Status Effective Date:

Original Status:

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Attachments

Document Name	Document Type
IHRInsurance.pdf	Insurance Document
13VH10031900_IHR, INC.pdf	Renewal Application

THANK YOU



The Surety Bond Specialists

February 25th 2025

ORIGINAL BOND EMAILED BY END O

IHR Inc

1595 Imperial Way, Suite #117
West Deptford, NJ 08066

We are pleased to enclose the bond you requested. If you have any questions or require any changes please feel free to contact us at CustomerService@BondAbility.com

Summary of Order

BOND NUMBER	900106		
PRINCIPAL NAME	IHR Inc		
BOND AMOUNT	\$ 25,000.00		
BOND TYPE	Home Improvement Contractor		
OBLIGEE NAME	New Jersey Division of Consumer Affairs		
EFFECTIVE DATE	February 25, 2025	RENEWAL DATE	March 31, 2026

Additional Comments:

PAID IN FULL

Our sincerest appreciation for your business! We are here to serve you in any way we can!

BondAbility Inc
6 Grey Ghost Ln
Reading, PA 19608
Phone: (800) 818-3940
Fax: (815) 550-2439
CustomerService@BondAbility.com

Contractors Bonding and Insurance Company
P.O. Box 3967 Peoria IL 61612-3967
Phone: (309)692-1000 Fax: (309)683-1610

LICENSE AND PERMIT BOND

Bond No. 900106

KNOW ALL MEN BY THESE PRESENTS:

That we, IHR Inc
1595 Imperial Way, Suite #117
West Deptford, NJ 08066

as Principal, and the Contractors Bonding and Insurance Company, a corporation duly licensed to do business in the state of Illinois, as Surety, are held and firmly bound unto the Division of Consumer Affairs, State of New Jersey, Obligee, in the penal sum of Twenty Five Thousand (\$ 25,000.00) DOLLARS, lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal has been licensed as a(n) Home Improvement Contractor/Home Elevation Contractor by the Obligee.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 25th day of February, 2025, and ending on the 31st day of March, 2026.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 25th day of February, 2025.

Principal
(Individual, Partner or Corporate Officer)



Contractors Bonding and Insurance Company

By *Shirley C. Smith*

POWER OF ATTORNEY

RLI Insurance Company Contractors Bonding and Insurance Company

9025 N. Lindbergh Dr. Peoria, IL 61615
Phone: 800-645-2402

Know All Men by These Presents:

That this Power of Attorney is not valid or in effect unless attached to the bond which it authorizes executed, but may be detached by the approving officer if desired.

That **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, each an Illinois corporation, (separately and together, the "Company") do hereby make, constitute and appoint:

John Carola, BrieAnn Carola, Andrew Wesolowski, Olivia Orndorff, Sherri Gullo, jointly or severally

in the City of Reading, State of Pennsylvania its true and lawful Agent(s) and Attorney(s) in Fact, with full power and authority hereby conferred, to sign, execute, acknowledge and deliver for and on its behalf as Surety, in general, any and all bonds and undertakings in an amount not to exceed Twenty Five Million Dollars
(\$25,000,000.00) for any single obligation.

The acknowledgment and execution of such bond by the said Attorney in Fact shall be as binding upon the Company as if such bond had been executed and acknowledged by the regularly elected officers of the Company.

RLI Insurance Company and/or Contractors Bonding and Insurance Company, as applicable, have each further certified that the following is a true and exact copy of a Resolution adopted by the Board of Directors of each such corporation, and is now in force, to-wit:

"All bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or Agents who shall have authority to issue bonds, policies or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."

IN WITNESS WHEREOF, the **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, as applicable, have caused these presents to be executed by its respective Sr. Vice President with its corporate seal affixed this 28th day of February, 2024.



**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Eric Raudins

Eric Raudins

Sr. Vice President

State of Illinois

County of Peoria

} SS

On this 28th day of February, 2024, before me, a Notary Public, personally appeared Eric Raudins, who being by me duly sworn, acknowledged that he signed the above Power of Attorney as the aforesaid officer of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** and acknowledged said instrument to be the voluntary act and deed of said corporation.

By: Jill A. Scott

Jill A. Scott

Notary Public



JILL A. SCOTT
Notary Public
State of Ohio
My Comm. Expires
September 22, 2025

CERTIFICATE

I, the undersigned officer of **RLI Insurance Company and/or Contractors Bonding and Insurance Company**, do hereby certify that the attached Power of Attorney is in full force and effect and is irrevocable; and furthermore, that the Resolution of the Company as set forth in the Power of Attorney, is now in force. In testimony whereof, I have hereunto set my hand and the seal of the **RLI Insurance Company and/or Contractors Bonding and Insurance Company** this 25th day of February, 2025.

**RLI Insurance Company
Contractors Bonding and Insurance Company**

By: Jeffrey D. Fick

Jeffrey D. Fick

Corporate Secretary



P.O. BOX 3967 PEORIA, IL 61612-3967
P: (800)645-2402 E: asksurety@rlicorp.com
RLISURETY.COM

Contractors Bonding And Insurance Company

December 31, 2023

Admitted Assets

Investments:	
Fixed maturities	\$ 238,890,357
Equity securities	0
Short-term investments	0
Real estate	0
Properties held to produce income	0
Cash and cash equivalents	(995,571)
Other invested assets	0
Receivables for securities	520
Agents' balances	16,204,686
Investment income due and accrued	2,194,845
Funds held	0
Reinsurance recoverable on paid losses	38,479
Federal income taxes receivable	0
Net deferred tax asset	2,879,440
Guarantee funds receivable or on deposit	0
Electronic data processing equipment, net of depreciation	0
Receivable from affiliates	2,570,793
Other admitted assets	12,597
Total Admitted Assets	\$ 261,796,126

Liabilities and Surplus

Liabilities:	
Reserve for unpaid losses and loss adjustment expenses	\$ 96,511,626
Unearned premiums	40,578,825
Accrued expenses	845,609
Funds held	0
Advance premiums	956,288
Amounts withheld	3,299,332
Remittances and items not allocated	0
Dividends declared and unpaid	0
Ceded reinsurance premium payable	360,983
Payable for securities	0
Statutory penalties	0
Current federal and foreign income taxes	417,901
Net deferred tax liability	0
Borrowed money and accrued interest	0
Drafts outstanding	0
Payable to affiliate	0
Other liabilities	94
Total Liabilities	\$ 142,970,658
Surplus:	
Common stock	\$ 3,000,000
Additional paid-in capital	2,510,250
Unassigned surplus	113,315,218
Total Surplus	\$ 118,825,468
Total Liabilities and Surplus	\$ 261,796,126

State of Ohio

County of Cuyahoga

The undersigned, being duly sworn, says: That he is the President of **Contractors Bonding And Insurance Company**, that said Company is a corporation duly organized, in the State of Illinois, and licensed and engaged in business in the State of New Jersey and has duly complied with all the requirements of the laws of said State applicable of said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress approved July 1947, 6U.S.C sec. 6-13; and that to the best of his knowledge and belief the above statement is a full, true, and correct statement of the financial condition of the said Company on the 31st day of December 2023.

Attest:



{ Corporate Seal Affixed }

Craig Kliethermes President
Olga S. Happel Assistant Secretary

Sworn to before me this 12th day of March, 2024.



JILL A. SCOTT
Notary Public
State of Ohio
My Comm. Expires
September 22, 2025

{ Notarial Seal Affixed }

Jill A. Scott Notary Public, State of Ohio
M00BL324_Portal

WESTERN WORLD

INSURED

COMMON POLICY DECLARATIONS (continued)

POLICY NUMBER: NPP8306423

The Named Insured is:

☐ Individual ☐ Partnership ☐ Limited Liability Company ☒ Organization/Corporation ☐ Trust
☐ Other _____

Location of Business:

1812 Berlin Road
CHERRY HILL, NJ 08003

Business Description:

Contractors

THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Western World Insurance Company
Tudor Insurance Company
Stratford Insurance Company

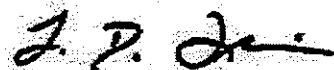
Administrative Office
300 Kimball Drive, Suite 500
Parsippany, New Jersey 07054

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy. If required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary



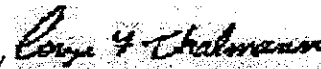
President



Countersigned: Montvale, NJ 07645

04/17/2024 ZHANGVER

By



Authorized Representative



111



CERTIFICATE OF LIABILITY INSURANCE

IHRINC0-01

CGARRISON

DATE (MM/DD/YYYY)
4/13/2022

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 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).

PRODUCER
Mints Insurance Agency, Inc.
10 E Main St., Ste E
PO Box 766
Millville, NJ 08332

CONTACT NAME: Cara Garrison

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS: cara@mintsinsurance.com

INSURED

IHR, Inc.
30 W. Church Street
Blackwood, NJ 08012

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: JMC - Nautilus Ins Co

INSURER B:

INSURER C:

INSURER D:

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	TYPE OF INSURANCE	ADDL SUBR INSD NYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		NN1358984	4/13/2022	4/13/2023	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			PER STATUTE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					OTH-ER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

* FOR OFFICE USE ONLY *

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

Lana E. Garrison