New Jersey Division of Consumer Affairs

Person Info

Name: IHR, INC

Owner/Manager: Gioranni Esposito

License Number: 13VH10031900

Permit Emails: Y

Address Info

Licensee Address:

•

1595 Imperial Way

Suite #117

West Deptford, NJ 08066 admin@ihrincpro.com

8563026207

License Address:

1595 Imperial Way

Suite #117

West Deptford, NJ 08066 admin@ihrincpro.com

8563026207

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

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

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-

N

For-Registration.pdf. HELP 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

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

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 Ag	ency INC	ida sibila da da kana		Mulanzanie were		<i>Successions</i>
Coverage Type:	General Liability	Instrument Type:	Insurance Bond Cash Deposi 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					

Mints Insurance Agency INC

Instrument

Bond Cash Deposit Insurance Date:

Bond Number

BKS6088845

Coverage Type:

General Liability

Type:

Bond Issue Date:

Bond Exp 4/13/2024 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 Insurance Bond Cash Deposit Type:		
	Bond Number	: BKS6088845
Bond Issue Date: 4/13/2024 Bond Exp 4/13/2025 Bond/insurance \$ Date: Amt:	1,000,000.00 Bond Type:	General Liability
Bond/Insurance Mints Insurance Company: Agency INC		
Mints Insurance Agency INC		i demo Algenia Edenta un tiglio.
Coverage Type: General Liability Instrument Insurance Bond Cash Deposit Type: Date:	Bond Number	BKS6088845
Bond Issue Date: 4/13/2024 Bond Exp 4/13/2026 Bond/Insurance \$ Date: Amt:	1,000,000.00 Bond Type:	General Liability
Bond/Insurance Mints Insurance Company: Agency INC		
Bond Ability	AFREDOARDES	in internal Res
Coverage Type: Additional Instrument Bond Bond Cash Deposit Securities Type: Date:	Bond Number:	900106
Bond Issue Date: 2/25/2025 Bond Exp 3/31/2026 Bond/insurance Amt: \$2	25 (1(1)) (1() Eand Tune:	Additional Security
Bond/Insurance Bond Ability Company:		
Mints Insurance Agency INC		
Coverage Type: General Liability Instrument Insurance Bond Cash Deposit Type: Date:	Bond Number	BKS6088845
Bond Issue Date: 4/13/2025 Bond Exp 4/13/2026 Bond/Insurance \$ Date: 4/13/2026 Amt:	1,000,000.00 ^{Bond} Type:	General Liability
Bond/Insurance Mints Insurance Company: Agency INC		
Mints Insurance Agency INC		wash Saks
Coverage Type: General Liability Instrument Type: Insurance Date:	Bond Numbe	NPP830642
Bond Issue Date: 4/13/2024 Bond Exp 4/13/2025 Bond/Insurance Date: Amt:	\$1,000,000.00 Bond Type:	General Liability
Bond/Insurance Mints Insurance Company: Agency INC		
Education List		
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New Jersey Division of Consumer Affairs

Person Info

Name: IHR, INC

Owner/Manager :Gioranni Esposito

License Number: 13VH10031900

Permit Emails: Y

Address Info

Licensee Address

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

8563026207

License Address:

30 W Church St Blackwood, NJ 08012 giovanni@ihrincpro.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.

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 insconduct 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.

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Additional Renewal Information/Survey

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Bond Information Mints Insurance Agency INC

Coverage Type: General Liability

Instrument Type:

Date:

Insurance Bond Cash Deposit Nate: Bond Number:

NPP830642

Bond Issue Date:

4/13/2024

Bond Exp

4/13/2025 Bond/Insurance

1000000.0000 Bond

General Liability

Bond/Insurance Company: Mints Insurance

Agency INC

Education List

No education records

Employment List

No employment records

Corporation Personnel

No corp personnel for license

l elect to place my license in the status shown below

Status changing to:

Original Status:

Active 💌

Status Effective Date:

Active

Attachments

Document Name Document Type
13VH10031900_IHR INC.pdf Renewal Application

New Jersey Division of Consumer Affairs

Person Info

Name: IHR.INC

Owner/Manager: Gioranni Esposito

License Number: 13VH10031900

Permit Emails :Y

Address Info

Licensee Address:

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

8565532091

License Address:

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

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Additional Renewal Information/Survey

Bond Information

Mints Insurance Agency, Inc.

Instrument General Liability Type:

Bond Cash Insurance Deposit Date: Bond

NN1368984 Number.

Coverage Type: Bond Issue Date:

4/13/2022

Bond Exp

Date:

4/13/2023 Bond/Insurance

1000000.0000 Bond Type:

Commercial General Liability

Bond/Insurance

Mints Insurance

Company: Agency, Inc.

Education List

No education records

Employment List

No employment records

Corporation Personnel

No corp personnel for license

l elect to place my license in the status shown below

Status changing to:

Active 😤

Status Effective Date: Original Status:

Active

Attachments

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8	_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

at we, IHR Inc						,	
1595 Imperia	l Way, Suite #11	7	ине инте				
West Deptfo	rd, NJ 08066		<u></u>	**************************************			
 							
rincipal, and the	Contractors	Bonding and	d Insurar	ice Company	, a corporation	duly licensed to do busi	iness in the state
Illinois	, \$	as Surety, are	held and	firmly bound unt	o the	New Jersev	, Oblige
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	and the Alberta was	."					
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force and effect fo	r a period comm	encing on the	25th	day of Feb	<u>ruary</u> , <u>2</u> 1	025, and ending on the	e <u>31st</u>
of March	2026					•	
			•				
		1 Al- a C		ending written n	orice to the clerk	of the Political Subdivis	ion with whom
is bond may be tern	ninated at any tin	ne by the Sur	ety upon s	ending written n	otice to the clerk	of the Political Subdivis	ion with whom
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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.

approving officer it desired.	Title is somewhat (consentally and
That RLI Insurance Company and/or Contractors Bonding and Insurance, the "Company") do hereby make, constitute and appoint:	urance Company, each an Illinois corporation, (separately and
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 F executed and acknowledged by the regularly elected officers of the Compar	act shall be as binding upon the Company as if such bond had been ay.
RLI Insurance Company and/or Contractors Bonding and Insurance following is a true and exact copy of a Resolution adopted by the Board of I	ce Company, as applicable, have each further certified that the Directors of each such corporation, and is now in force, to-wit:
"All bonds, policies, undertakings, Powers of Attorney or other obligation the Company by the President, Secretary, any Assistant Secretary, Treasure of Directors may authorize. The President, any Vice President, Secretary, Attorneys in Fact or Agents who shall have authority to issue bonds, policies are is not necessary for the validity of any bonds, policies, undertakings, signature of any such officer and the corporate seal may be printed by face	retary, any Assistant Secretary, or the Treasurer may appoint cies or undertakings in the name of the Company. The corporate Powers of Attorney or other obligations of the corporation. The esimile."
IN WITNESS WHEREOF, the RLI Insurance Company and/or Cont caused these presents to be executed by its respective Sr. Vice Presentation of the Vice Presents of the Company and/or Cont caused these presents to be executed by its respective Sr. Vice Presents of the Vice Presents of th	RLI Insurance Company Contractors Bonding and Insurance Company, as applicable, have sident with its corporate seal affixed this 28th day of Contractors Bonding and Insurance Company By: Eric Raudins Sr. Vice President
The state of the s	
State of Illinois	
County of Peoria SS	CERTIFICATE
On this 28th day of February 2024, before me, a Notary Public, personally appeared <u>Fric Raudins</u> , 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.	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
By: Jill A. Scott Notary Public	RLI Insurance Company Contractors Bonding and Insurance Company
JILL A SCOTT Notary Public State of Ohio My Comme. Expires September 22, 2025	By: Jeffrey Drick Djick Corporate Secretary

3735343020212



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

Notary Public, State of Ohio

M00BL324_Portal

Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities:	
Fixed maturities	\$ 238,890,357	Reserve for unpaid losses and loss	0 00 544 500
Equity securities	C	adjustment expenses	S 96.511,626
Short-term investments	0	Unearned premiums	40,578,825
Real estate	0	Accrued expenses	845,609 0
Properties held to produce income	0	Funds held	956.288
Cash and cash equivalents	(995,571)	Advance premiums	*
Other invested assets	0	Amounts withheld	3,299,332
Receivables for securities	520	Remittances and items not allocated	0
gents' balances	16,204,666	Dividends declared and unpaid	·
nvestment income due and accrued	2,194,845	Ceded reinsurance premium payable	360,983
Funds held	0	Payable for securities	0
Reinsurance recoverable on paid losses	38,479	Statutory penalties	0
Federal income taxes receivable	0	Current federal and foreign income taxes	417,901
let deferred tax asset	2,879,440	Net deferred tax liability	0
Suarantee funds receivable or on deposit	0	Borrowed money and accrued interest	. 0
Electronic data processing equipment,		Drafts outstanding	. 0
net of depreciation	0	Payable to affiliate	94
Receivable from affiliates	2,570,793	Other liabilities	
Other admitted assets	12,597		\$ 142,970,658
		Total Liabilities	3 142,570,000
Total Admitted Assets	\$ 261,796,126		
		Surplus:	\$ 3,000,000
		Common stock	2,510,250
	•	Additional paid-in capital	113,315,218
		Unassigned surplus	1 10,0 10,210
State of Ohio		The Administra	\$ 118,825,468
>		Total Surplus	V (10,011,400
County of Cuyahoga		Total Liabilities and Surplus	\$ 261,796,126
business in the State of New Jerse said State applicable of said Company and complied with and is duly qualified to act a	ey I is duly qualified t s Surety under the lief the above sta	ate of	pany has also sec. 6-13; and
			-
Attest: SEAL 1979 Ashington A	Corporate Seal Affixed	Craig Kliethermes Craig Kliethermes Olga S. Happel	Presiden
Sworn to before the this 12th day of man	ch, 2024.	<i>i</i>	
JHLA SCOTT Notary Public State of Onto Any Comm. Expires September 22, 2025	Notarial Seal	Jula Acout	lic State of Ohi

STOCK COMPANY

COMMERCIAL LINES POLICY



An AIG company

POLICY NU	MBER: NPP8306423	
Prior Policy	Number: NEW	
ANCE COMPANY	STRATFORD INSURANCE COMPAN	~

WESTERN WORLD INSURANCE COMPANY

TUDOR INSURANCE COMPANY

SLA# 00574-24-05420

COMMON POLICY DECLARATIONS

Agent/Broker #05004

Named Insured and Mailing Address:

IHR Inc.

This insurance is Issued Pursuant to the New Jersey Surplus Lines Law.

30 W Church Street

Blackwood, NJ 08012

Producer:

Jimcor Agencies, Inc. 60 Craig Road

Montvale, NJ 07645

Policy Period: (Mo./Day/Yr.)

From: 04/13/2024

To: 04/13/2025

12:01 AM, standard time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CO	TO PROVIDE THE INSURANCE AS STANSISTS OF THE FOLLOWING COVER IAY BE SUBJECT TO ADJUSTMENT.	RAGES FOR WHICH A PREMIUM IS IN	DICATED.
	Commercial Property Coverage Part		\$ NOT COVERED
	Commercial General Liability Coverage	\$ _12.313.00	
	Commercial Auto Coverage Part	\$ NOT COVERED	
			\$
			\$
			\$
Other Coverages:	Terrorism Risk Insurance Act	\$ NOT COVERED	
	· ·		\$
			\$
			\$
		TOTAL ADVANCE PREMIUM	\$ 12,313.00
		Agency Fee	\$ 250.00
		Inspection Fee	\$ 105.00
		NJSLT	\$ 615.65
Forms and endors	ements applying to this policy and		\$
attached at time of	The first of the second of the		\$
Saa Annlianhia Sal	nedule Of Forms And Endorsements	•	\$
ose Applicable oc	ledule Of Forms And Endotsements	GRAND TOTAL	\$ 13,283.65

COMMON POLICY DECLARATIONS (continued)

The Named Insured is:

Individual Partnership Limited Liability Company Organization/Corporation Trust

Other

Location of Business:

Business Description:

1812 Berlin Road
Contractors

CHERRY HILL, NJ 08003

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

J. D. Ar-

Authorized Representative

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IHRINCO-01

CGARRISON

DATE (MINIDOYYYY)

CERTIFICATE OF LIABILITY INSURANCE

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 DEDDESENTATIVE OF PRODUCED AND THE CERTIFICATE HOLDED

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Cara Garrison NAME PHONE (A/C, No. Ext): Mints Insurance Agency, Inc. 10 E Main St., Ste E PO Box 756 Millville, NJ 08332 FAX (AIC, No): LOURESS: cara@mintsinsurance.com INSURERIS AFFORDING COVERAGE NAIC# INSURER A. JMC - Nautilus Ins Co INSURED INSURER B : IHR, Inc. INSURER C: 30 W. Church Street Blackwood, NJ 08012 COVERAGES CERTIFICATE 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. ADDL SUBR NSD WYD POLICY EFF POLICY EXP POLICY NUMBER A X COMMERCIAL GENERAL LIABILITY 1.000,000 EACH OCCURRENCE CLAIMS-MADE X DCCUR NN1368984 4/13/2022 | 4/13/2023 DAMAGE TO RENTED PREMISES IEM OCCUPY 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GENT AGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE X POLICY _}\$EC+ | loc 2,000,000 PRODUCTS - COMP/OF AGG AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO BODILY NULRY (Per person) DANNED ALTOS ONLY SCHEDULED BOOKY NUURY (Peracod AUTOS ONLY NON-OWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAMSANADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS LIABILITY STATUTE ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) EL EACH ACCIDENT EL DISEASE - EA EMPLOYER S ll yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181), Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

ACORD 25 (2016/03)

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE lona E. Yavison