

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 01/22/2024

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).											
PRO		0	,er uni	cate fiolder in neu of such	CONTACT Booge Especite						
Esposito Insurance Group						PHONE (072) 204 1002 FAX (072) 204 0021					
89 Franklin Ave						E-MAIL info@concositoingurance.com					
						ADDRESS:					
Nutley NJ 07110						INSURER(S) AFFORDING COVERAGE					NAIC #
						Technology Insurance Company Inc					
INSURED											
Hargrave Contractors LLC						INSURER C :					
122 Johnson Road						INSURER D :					
<b>T</b>						INSURER E :					
Turnersville NJ 08012						INSURER F :					
					NUMBER: CL231201891						
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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	$\times$	COMMERCIAL GENERAL LIABILITY					, í	, , , , , , , , , , , , , , , , , , ,	EACH OCCURRENCE	<sub>\$</sub> 2,00	0,000
		CLAIMS-MADE 🗙 OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,0	00
									MED EXP (Any one person)	\$ 5,00	0
А					BOP0142707		07/15/2023	07/15/2024	PERSONAL & ADV INJURY	<u>\$</u> 2,00	0,000
	GEN	J							GENERAL AGGREGATE	¢ 4,00	0,000
	X	PRO-							PRODUCTS - COMP/OP AGG	¢ 4,00	0,000
									FRODUCTS - COMF/OF AGG	\$	· · · · · · · · · · · · · · · · · · ·
	AUT								COMBINED SINGLE LIMIT	\$	
	-	ANYAUTO							(Ea accident) BODILY INJURY (Per person)	\$	
									BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS HIRED NON-OWNED							PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS ONLY							(Per accident)	Ψ \$	
	×									•	0,000
А					UMC0054006		07/15/2023	07/15/2024	EACH OCCURRENCE	÷ ،	0,000
			-		0100000-000		07/13/2023	07/13/2024	AGGREGATE	φ	0,000
	WOF								PER OTH-	\$	
	AND	EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER	1 00	0.000
В	OFF	PROPRIETOR/PARTNER/EXECUTIVE Y	N/A		WC4382970		01/21/2024	01/21/2025	E.L. EACH ACCIDENT	\$ 1,00	0,000
	If ves	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	φ.	
	DÉS	CRIPTION OF OPERATIONS below		$\left  - \right $					E.L. DISEASE - POLICY LIMIT	<sub>\$</sub> 1,00	0,000
DESC	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICLE	ES (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)			
CERTIFICATE HOLDER CANCELLATION											
Hargrave Contractors LLC 122 Johnson Road						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					
Turnersville NJ 08012						<u> </u>					
rumersville				NJ U8012			(Aw)				

The ACORD name and logo are registered marks of ACORD

© 1988-2015 ACORD CORPORATION. All rights reserved.