

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/2/2023

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).	U 20 860 Maria - Maria Maria			
PRODUCER	a a	CONTACT NAME: Dionna Spina		
World Insurance Associates, LLC 656 Shrewsbury Ave Suite 200 Tinton Falls NJ 07701		PHONE (A/C, No, Ext): 732-380-0900	FAX (A/C, No):	
		E-MAIL ADDRESS: dionnaspina@worldinsurance.com		
		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: Mesa Underwriters Specialty Insurance Co.		36838
INSURED		INSURER B: Scottsdale Insurance Comp	oany	41297
CANDLEWOOD MANAGEMENT SERVICES INC. CANDLEWOOD SWIM & RACQUET CLUB INC. 31 NEWBURY ROAD HOWELL NJ 07731		INSURER c : Chubb Insurance Company of NJ		41386
		INSURER D : ARI Insurance Company		13900
		INSURER E:		
		INSURER F:		
COVERAGES CERTIFICATE NUI	MBER: 1350267893	REVI	SION 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 POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS INSD WVD X COMMERCIAL GENERAL LIABILITY MP0137001000375 1/1/2023 1/1/2024 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED CLAIMS-MADE | X | OCCUR PREMISES (Ea occurrence) \$ 100,000 5,000 MED EXP (Any one person) \$0

PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 X LOC PRODUCTS - COMP/OP AGG \$ \$ 5,000,000 Max General Aggreg.
COMBINED SINGLE LIMIT OTHER: AUTOMOBILE LIABILITY 73609090 5/11/2023 5/11/2024 C (Ea accident) \$ 1,000,000 X BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ 1/1/2023 X UMBRELLA LIAB X OCCUR CXS0019158 1/1/2024 EACH OCCURRENCE \$5,000,000 **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ WORKERS COMPENSATION PWC1088985 5/30/2023 5/30/2024 X PER STATUTE

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

CERT	IFICAT	E HO	LDER

AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

If yes, describe under DESCRIPTION OF OPERATIONS below

N N/A

CANCELLATION

Monmouth Heights Levitt 650 Elton Adelphia Road Freehold NJ 07728

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE \$ 1,000,000

E.L. DISEASE - POLICY LIMIT | \$ 1,000,000

\$ 1,000,000

AUTHORIZED REPRESENTATIVE

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