

KPIERCE

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
4/9/2024

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).

| th   | is certificate does not confer rights to                                    |        |                         |  | ch end           | lorsement(s).  |                   | require an endorsemen                                       | t. A3 | atement on |  |
|--|---|--------|-------------------------|--|------------------|--|-------------------|---|-------|------------|--|
| _  | DUCER   |        |                         |  | CONTAC<br>NAME:  | CT Kathy Pi  | erce              |   |       |            |  |
| World Insurance Associates, LLC<br>225 Madison Ave               |   |        |                         |  |                  | PHONE (A/C, No, Ext): (908) 264-0106 1823 FAX (A/C, No):   |                   |   |       |            |  |
|  | ristown, NJ 07960   |        |                         |  | E-MAIL<br>ADDRES | ss: kathypie   | rce@world         | insurance.com   |       |            |  |
|  |   |        |                         |  |                  | INS  | URER(S) AFFOR     | RDING COVERAGE  |       | NAIC #     |  |
|  |   |        |                         |  | INSURE           |  |                   | nsurance Co.  |       | 16188      |  |
| Maven Roofing & Exteriors 3 Harrison Rd Succasunna, NJ 078761107 |   |        |                         |  |                  | INSURER B : Hartford Casualty Insurance Company  |                   |   |       | 29424      |  |
|  |   |        |                         |  |                  | INSURER C:   |                   |   |       |            |  |
|  |   |        |                         |  |                  | INSURER D :  |                   |   |       |            |  |
|  |   |        |                         |  |                  | INSURER E :  |                   |   |       |            |  |
|  |   |        |                         |  |                  | INSURER F:   |                   |   |       |            |  |
| CO   | VERAGES CERT  | TIFIC  | :ATF                    | NUMBER:                                      |                  |  |                   | REVISION NUMBER:  |       | .1         |  |
| TI   | HIS IS TO CERTIFY THAT THE POLICIE<br>IDICATED. NOTWITHSTANDING ANY RE      | S OF   | INS<br>REME             | SURANCE LISTED BELOW HENT, TERM OR CONDITION | N OF A           | NY CONTRAC   | TO THE INSUF      | RED NAMED ABOVE FOR T                                       | CT TO | WHICH THIS |  |
|  | ERTIFICATE MAY BE ISSUED OR MAY<br>XCLUSIONS AND CONDITIONS OF SUCH F       |        |                         |  |                  |  |                   | ED HEREIN IS SUBJECT T                                      | O ALL | THE TERMS, |  |
| INSR   |   |        | POLICY EEE   POLICY EYP |  |                  |  |                   |   |       |            |  |
| A  | X COMMERCIAL GENERAL LIABILITY  |        | SUBR<br>WVD             | 1 OLIO1 HOMBER                               |                  | (MM/DD/YYYY)   | (MM/DD/YYYY)      |   |       | 1,000,000  |  |
|  | CLAIMS-MADE X OCCUR   |        |                         | NRG-DBG-GL05634                              |                  | 4/7/2024   | 4/7/2025          | DAMAGE TO RENTED PREMISES (Ea occurrence)                   | \$    | 100,000    |  |
|  | OD WIND WINDE X   |        |                         | MKG-DBG-GE03034                              |                  | 4/1/2024   | 4/1/2023          | , , , , , , , , , , , , , , , , , , ,                       | \$    | 5,000      |  |
|  |   |        |                         |  |                  |  |                   | MED EXP (Any one person)                                    | \$    | 1,000,000  |  |
|  |   |        |                         |  |                  |  |                   | PERSONAL & ADV INJURY                                       | \$    | 2,000,000  |  |
|  | GEN'L AGGREGATE LIMIT APPLIES PER:  |        |                         |  |                  |  |                   | GENERAL AGGREGATE   | \$    | 2,000,000  |  |
|  |   |        |                         |  |                  |  |                   | PRODUCTS - COMP/OP AGG                                      | \$    |            |  |
|  | OTHER:  |        |                         |  |                  |  |                   | COMBINED SINGLE LIMIT                                       | \$    |            |  |
|  | ANY AUTO  |        |                         |  |                  |  |                   | (Ea accident)   | \$    |            |  |
|  | ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS                                   |        |                         |  |                  |  |                   | BODILY INJURY (Per person)                                  | \$    |            |  |
|  |   |        |                         |  |                  |  |                   | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$    |            |  |
|  | HIRED AUTOS ONLY NON-OWNED AUTOS ONLY                                       |        |                         |  |                  |  |                   | (Per accident)  | \$    |            |  |
|  |   |        |                         |  |                  |  |                   |   | \$    |            |  |
|  | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE                                 |        |                         |  |                  |  |                   | EACH OCCURRENCE   | \$    |            |  |
|  |   |        |                         |  |                  |  |                   | AGGREGATE   | \$    |            |  |
| В  | DED RETENTION \$  |        |                         | _  |                  |  |                   | PER OTH-<br>STATUTE ER                                      | \$    |            |  |
| _  | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                            |        |                         | 6S6OUB-OW53178-0-23                          |                  | 5/17/2023  | 5/17/2024         |   |       | 500,000    |  |
|  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A    |                         | 000002 01100110 0 20                         |                  | 0,11,2020  | 0, 11, 202 1      | E.L. EACH ACCIDENT  | \$    | 500,000    |  |
|  | If yes, describe under  |        |                         |  |                  |  |                   | E.L. DISEASE - EA EMPLOYEE                                  |       | 500,000    |  |
|  | DÉSCRIPTION OF OPERATIONS below   |        |                         |  |                  |  |                   | E.L. DISEASE - POLICY LIMIT                                 | \$    | 300,000    |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
| DES  | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL                                 | .ES (A | CORD                    | 0 101, Additional Remarks Schedu             | le, may b        | e attached if more   | e space is requir | ed)   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
|  |   |        |                         |  |                  |  |                   |   |       |            |  |
| Proof of Coverage  |   |        |                         |  |                  | CANCELLATION   |                   |   |       |            |  |
|  |   |        |                         |  |                  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                   |   |       |            |  |
|  |   |        |                         |  | AUTHO            | RIZED REPRESEI   | NTATIVE           |   |       |            |  |
|  |   |        |                         |  |                  | - 1kg  |                   |   |       |            |  |