OP ID: JF



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/07/2018

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 this certificate does not confer rights to the certificate holder in lieu of PRODUCER 973-377-6100 James C. Franchino Agency Inc. 132 Columbia Turnpike						f the policy, certain policies may require an endorsement. A statement on f such endorsement(s). CONTACT NAME: PHONE (A/C, No, Ext): 973-377-6100 FAX (A/C, No): 973-377-1958					
Flor	rham Park, NJ 07932				E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE				NAIC#			
			INSURER A: Utica First Insurance Co.								
INSURED HandiWorks Home Improvement 2 Charleston Ct.						RB:					
	Basking Ridge, NJ 07920			INSURER C:							
					INSURER D : INSURER E :						
				INSURER F:							
CO	VERAGES CER	TIFIC	ATE	NUMBER:	REVISION NUMBER:						
IN C E	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIRI PERT <i>I</i> POLIC	EME AIN, SIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' ED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESF D HEREIN IS SUBJECT	ECT TO	O WHICH THIS	
INSR LTR		ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS		
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			ART5109694-00		01/23/2018	01/23/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 50,000	
								MED EXP (Any one person)	\$	5,000	
	χ blanket add'l ins							PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY X PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000	
	OTHER:							OOMBINED ON OUT LIMIT	\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person) \$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accider	nt) \$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							DED OTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOY	ΞE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$		
	 CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ne improvement contractor	LES (A	CORE	 0 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requi	red)			
CERTIFICATE HOLDER HandiWorks Home Improvement 2 Charleston Court Basking Ridge, NJ 07020						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 Annaa. C. Franchino-					