

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/15/2019

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).

certificate florder in fled of such endorsement(s).					
PRODUCER	CONTACT Taras Terlecky				
C & H Agency	PHONE (A/C, No, Ext): (973) 890-0900 FAX (A/C, No): (973) 812-9860				
783 Riverview Drive	E-MAIL ADDRESS: tterlecky@chagency.com				
P.O. Box 324	INSURER(S) AFFORDING COVERAGE	NAIC #			
Totowa NJ 07511	INSURER A: Zurich American Insurance Company	16535			
INSURED	INSURER B: United States Fire Ins. Co.	21113			
Decco International, LLC	INSURER C: Starr Indemnity & Liability Co.	38318			
	INSURER D: Navigators Insurance Co. 42				
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 19-20 DECCO-GL, A, U, WC, REVISION 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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	х	COMMERCIAL GENERAL LIABILITY							\$ 2,000,000	
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	х	Contracutal Liability			GPL 0145879-03	7/19/2019	7/19/2020	MED EXP (Any one person)	\$ 100,000	
								PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000	
		POLICY X PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	х	OTHER: Contractor's Pollution						Each Incident/Aggregate	\$ 5,000,000	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	х	ANY AUTO						BODILY INJURY (Per person)	\$	
^		ALL OWNED SCHEDULED AUTOS AUTOS			133-745970-6	7/19/2019	7/19/2020	BODILY INJURY (Per accident)	\$	
	х	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		7.5.55							\$	
		UMBRELLA LIAB X OCCUR			1000585244191	7/19/2019	7/19/2020	EACH OCCURRENCE S	\$ 5,000,000	
В	х	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000	
		DED RETENTION \$			NY19EXC940979IV	7/19/2019	7/19/2020		\$ 5,000,000	
		KERS COMPENSATION EMPLOYERS' LIABILITY							X PER OTH-ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$ 1,000,000	
A	(Man	datory in NH)	N/A		WC 0145877-03	7/19/2019	7/19/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT S	\$ 1,000,000	

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

CERTIFICATE HOLDER	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.				
	AUTHORIZED REPRESENTATIVE				
	Robert Culnen/ANDREA Make Colombia				

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