EBARRETT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/28/2020

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.

PRO	DUCE	R					CT Elaine B				
KRA Insurance Agency, Inc. 871 Mountain Avenue Springfield, NJ 07081						PHONE (A/C, No, Ext): (973) 671-0047 FAX (A/C, No): (9			o):(973)	232-2825	
						E-MAIL ADDRESS: Elaineb@krainsurance.com					
						INSURER(S) AFFORDING COVERAGE				NAIC#	
						INSURER A : Selective Insurance Company of New England				11867	
INSURED							INSURER B : Selective Casualty Insurance Company				14376
d/b/a Kilwins Westfield							INSURER C:				
Larry Rogers 23 Shelley Road						INSURER D:					
Springfield, NJ 07081							INSURER E :				
							INSURER F:				
co	VER				NUMBER:	REVISION NUMBER:					
T	HIS I	S TO CERTIFY THAT THE POLICI	ES O	F INS	SURANCE LISTED BELOW	HAVE B	EEN ISSUED	TO THE INSU	RED NAMED ABOVE FO	R THE PO	LICY PERIOD
^	EDT	TED. NOTWITHSTANDING ANY FICATE MAY BE ISSUED OR MAY	PFR	TAIN	THE INSURANCE AFFOR	DED BY	THE POLIC	IES DESCRIB	SED HEREIN IS SUBJEC	T TO ALL	THE TERMS,
E	KCLL	SIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS			
VSR TR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	MITS	0.000.0
A	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	S	2,000,0
		CLAIMS-MADE X OCCUR	X		S 2200739		2/1/2020	2/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,0
									MED EXP (Any one person)	s	10,0
				1					PERSONAL & ADV INJURY	s	2,000,0
	GEN	LAGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	6,000,0
		POLICY PRO: LOC							PRODUCTS - COMP/OP AC		6,000,0
		OTHER:							HIRED NON OWNER	s	Include
	AUT	OMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO							BODILY INJURY (Per perso	n) \$	
		OWNED SCHEDULED AUTOS							BODILY INJURY (Per accide	ant) \$	
		AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
										\$	4 000 0
Α	X	UMBRELLA LIAB X OCCUR					0/4/0000	0/4/0004	EACH OCCURRENCE	s	1,000,0
		EXCESS LIAB CLAIMS-MADE			S 2200739		2/1/2020	2/1/2021	AGGREGATE	s	4 000 0
		DED X RETENTION\$ 0							Aggregate	s	1,000,0
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N						2/1/2020	2/1/2021	X PER STATUTE OTH	1-	1,000,0
					WC 9032215				E.L. EACH ACCIDENT	\$	1,000,0
									E.L. DISEASE - EA EMPLO	YEE \$	1,000,0
	DES	s, describe under CRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIN	IIT S	1,000,0
	1										

part of the General Liability. There is no separate auto policy. - Under General Liability Primary and/or Not Contributory and Waiver of Subrogation is provided for the Additional Insured when it is required by written contract. -Waiver of Subrogation on Workers Compensation is not available in the State of New Jersey (see attached documentation that may help)

Selective Insurance Rating is A Rated or better by AM Best. -Umbrella is not a follow form - 30 Day Notice of Cancellation is provided LOCATIONS OF PROPERTIES: 9 Elm Street Westfield, NJ - Summit Downtown Partners, LLC Landlord AND 64 South St. Morristown, NJ - 54-74 South Street, LLC Landlord

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 St. 45					