

**JCUBILLOS** 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2022

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.

lf	SU	BROGATION IS WAIVED, subjec	t to	the	terms and conditions of	the po	licy, certain p	oolicies may					
this certificate does not confer rights to the certificate holder in lieu of supproducer The Robert C. Mangi Agency Inc. 950 Franklin Ave. STE 100 Garden City, NY 11530							contact NAME:						
							PHONE (A/C, No, Ext): (516) 294-1072 FAX (A/C, No): (516)				294-1764		
							E-MAIL ADDRESS: service@contractorsinsurance.org						
							INSURER(S) AFFORDING COVERAGE						
						INSURER A: EVANSTON INSURANCE COMPANY					35378		
INSU	RED					INSURER B: NEW YORK STATE INSURANCE FUND					36102		
1 TIME GC LLC							INSURER C: SHELTERPOINT LIFE INSURANCE						
		45 GALE RD				INSURER D:							
Mongaup Valley, NY 12762							INSURER E:						
						INSURER F:							
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:						
INI CE	DIC/	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESP SED HEREIN IS SUBJECT	PECT TO	O WHICH THIS		
INSR LTR	R TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NUMBER					POLICY EFF (MM/DD/YYYY)	POLICY EXP						
Α	Χ	COMMERCIAL GENERAL LIABILITY					\	<u> </u>	EACH OCCURRENCE	\$	1,000,000		
Ī		CLAIMS-MADE X OCCUR			3FD3184		4/1/2022	4/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
[									MED EXP (Any one person)	\$	5,000		
Ī									PERSONAL & ADV INJURY	\$	1,000,000		
ı										T.	2,000,000		

X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR		3FD3184	4/1/2022	4/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
					MED EXP (Any one person)	\$	5,000
					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
X POLICY X PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000
OTHER:						\$	
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO					BODILY INJURY (Per person)	\$	
						\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X   PER   OTH-		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	25677337	4/1/2022	4/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
						\$	1,000,000
Disability		D662166	4/1/2022	4/1/2023	MAX WEEKLY		255
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRODUCT LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY ANY REPORT OF THE PRODUCT OF THE P	GENL AGGREGATE LIMIT APPLIES PER:  X POLICY X PRODUCE OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GENL AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO: OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY ANY PROPRIETED CRIPARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y N/A  1/1/2022  4/1/2023  4/1/2023	CLAIMS-MADE X OCCUR  SFD3184  4/1/2022  4/1/2023  AMAGE TO RENTED:  PREMISES (Ea occurrence)  MED EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AUTOS ON	GENIL AGGREGATE LIMIT APPLIES PER:  X POLICY X PRO- OTHER:  AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY AU

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

CERTIFICATE HOLDER	CANCELLATION

**PROOF OF INSURANCE** 

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