

## CERTIFICATE OF LIABILITY INSURANCE

06/13/2024

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).

		ertificate does not confer rights to							equire an endorsement	. A SI	atement on	
PRODUCER American National Insurance Company						CONTACT Devon Fenske						
P.O. Box 292 Medford NJ 08055						PHONE (A/C, No. Ext): 609-234-8905 FAX (A/C, No):						
medicia No 00055						E-MAIL ADDRESS: devon.fenske@american-national.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A: Farm Family Insurance Company					403-13803	
INSURED DJS PAINTING-LOCAL INC 168 Richards Road Bridgeton NJ 08302						INSURER B:						
						INSURER	2000 P					
Diagoton No 50002						INSURER D:						
						INSURER E :						
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:								Ÿ	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.												
INSF	TYPE OF INSURANCE			ADDL SUBR INSD WVD POLICY NUMBER			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)				
Α	~	COMMERCIAL GENERAL LIABILITY			2901X6820	07	7/11/2024	07/11/2025	EACH OCCURRENCE	-	0,000	
	Ш	CLAIMS-MADE V OCCUR							DAMAGE TO RENTED \$ 300,0			
	Ш								MED EXP (Any one person)	\$ 5,00		
	Ш								PERSONAL & ADV INJURY	\$ 1,000,000		
GEN		L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000		
	~	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
Ļ	$\sqcup$	OTHER:	_	_	000400704				COMBINED SINGLE LIMIT			
Α	AUT	OMOBILE LIABILITY	Ш		2901C3701	07	7/11/2024	07/11/2025	COMBINED SINGLE LIMIT (Ea accident)	100111070000	0,000	
	Ш	ANY AUTO OWNED AUTOS ONLY HIRED NON-OWNED							BODILY INJURY (Per person)	\$		
									BODILY INJURY (Per accident)	\$		
	~	AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									\$ \$ 5,000,000			
Α	~	UMBRELLA LIAB OCCUR	Ш		2901E2669	07	7/11/2024	07/11/2025	EACH OCCURRENCE	\$ 5,00	0,000	
	$\vdash$	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
A WOR		DED RETENTION \$ KERS COMPENSATION	-		2002/8/04/42	07/4	7/44/0004	07/44/0005	. I PER L OTH	\$		
^	AND	EMPLOYERS' LIABILITY Y/N	-	Ш	2902W8142	07	7/11/2024	07/11/2025	PER STATUTE OTH-	1.00	0.000	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A							E.L. EACH ACCIDENT	\$1,000,000 E \$1,000,000			
	(Mandatory in NH)  If ves. describe under									0,000		
┝	DÉSC	CRIPTION OF OPERATIONS below		_					E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
			H	Η								
			H	-								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCORD AND Additional Remarks Salvature												
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
CERTIFICATE HOLDER							CANCELLATION					
<u> </u>	CENTRIONIE HOLDEN											
FOR RECORDS						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						
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