

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2021

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).										
PRODUCER PRODUCER CONTACT Samantha Place NAME:										
				(973) 579-6776						
Your insurance company and address!										
E-MAIL splace@sboneinsurance.com ADDRESS:										
						INSURER(S) AFFORDING COVERAGE				
						INSURER A : Ace American Insurance Co				
INSURED						INSURER B : Selective Casualty Insurance Company				
Vendor's Business DBA Name and Address						INSURER C : K & K Insurance Group, Inc.				
						INSURER D : Franklin Mutual Ins. Company				856
I						INSURER E :				
						INSURER F :				
COVERAGES CERTIFICATE NUMBER: Vendor Sample 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		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s	
LIK	COMMERCIAL GENERAL LIABILITY					(זזזושט אווייה)	(זדדעטעאוואי)	EACH OCCURRENCE	<u>\$</u> 1,000	,000
									\$ 10000	
	CLAIMS-MADE								\$ 5000	
		Y	~	0,000,000,000					•	
A			Y	GXXXXXXXXX		07/12/2021	07/12/2022	PERSONAL & ADV INJURY	RY \$1,000,000 \$2,000,000	
_	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	_{\$} 2,000	,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY	Y Y			07/		07/18/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ANY AUTO OWNED AUTOS ONLY								\$	
в			Y	S 1000000		07/18/2021		BODILY INJURY (Per accident)	ent) \$	
F	HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
-	AUTOS ONLY AUTOS ONLY							Medical payments	\$ 5,000	
								\$ 2,000,000		
с			Y	XKO0555555555	07/18/2021	07/18/2022				
C	CLAIMS-MADE	YY		XK00555555555	07/10/2021	07/10/2022	AGGREGATE	Ψ	,000	
	DED RETENTION \$							Y PER OTH-	\$	
	AND EMPLOYERS' LIABILITY Y / N							X PER OTH- STATUTE ER		
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		WCP275555555		07/18/2021	07/18/2022	L. EACH ACCIDENT \$ 1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	_{\$} 1,000	,000
Ī					_					
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	CORD 1	01, Additional Remarks Schedule,	may be a	ttached if more s	pace is required)	I		
RE:	New Jersev State Fair & Sussex County Far	m&⊦	lorse	Show are included as Additio	nal Insu	red to the abov	/e captioned G	eneral Liability Policy for worl	k	
RE:New Jersey State Fair & Sussex County Farm & Horse Show are included as Additional Insured to the above captioned General Liability Policy for work the insured is performing provided a written contract exists requiring such a status. Per the terms of the policy, coverage for an additional insured is										
contingent upon an underlying written agreement with the named insured requiring such coverage.										
CERTIFICATE HOLDER CANCELLATION										
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE										D BEFORE
								F, NOTICE WILL BE DELIVER	RED IN	
Sussex County Farm & Horse Show Association						ACCORDANCE WITH THE POLICY PROVISIONS.				
	NJ State Fair			AUTHORIZED REPRESENTATIVE						
37 Plains Rd.										
Augusta NJ 07822										

© 1988-2015 ACORD CORPORATION. All rights reserved.