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TSTRAUSS

DATE (MM/DD/YYYY)	
4/42/2024	

BEACELE-CL

		EF	RLI	FICATE OF LIA	ABILITY IN	SURAN	CE	1	/12/2021		
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.											
lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subject is certificate does not confer rights to	ct to	the	terms and conditions of	the policy, certain	policies may					
	DUCER				CONTACT NAME:	/					
True 325	<ul> <li>&amp; Associates</li> <li>North Avenue East</li> <li>tfield, NJ 07090</li> </ul>			MARE.         FAX           PHONE         (A/C, No, Ext):           (A/C, No, Ext):         (908)           232-5761           E-MAIL           ADDRESS:							
				INSURER(S) AFFORDING COVERAGE NAIC #							
				INSURER A : Select	11867						
INSU	RED			INSURER B : Select	14376						
	Beacon Electrical Contraction	ng			INSURER C :						
	847 Jerusalem Road				INSURER D :						
	Scotch Plains, NJ 07076				INSURER E :						
					INSURER F :						
	VERAGES CER	TIFI	CATI	E NUMBER:			<b>REVISION NUMBER:</b>				
IN C E	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREM TAIN CIES	ENT, TERM OR CONDITION , THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER CIES DESCRIE PAID CLAIMS	R DOCUMENT WITH RES	PECT TO	WHICH THIS		
INSR LTR	I TPE OF INSURANCE	ADDL INSD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS			
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	x	x	S 2315756	7/17/2020	7/17/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 500,000		
	X Contractual						MED EXP (Any one person)	\$	15,000		
	X X, C, U						PERSONAL & ADV INJURY	\$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	3,000,000		
	POLICY X PRO- DECT LOC						PRODUCTS - COMP/OP AG		3,000,000		
Α							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000		
	ANY AUTO	X	X	S 2315756	7/17/2020	7/17/2021	BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY         X         SCHEDULED AUTOS           X         HRED AUTOS ONLY         X         NON-OWNED AUTOS ONLY						BODILY INJURY (Per accider PROPERTY DAMAGE (Per accident)	\$			
A	X UMBRELLA LIAB X OCCUR							\$	5,000,000		
	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE	x	Y	S 2315756	7/17/2020	7/17/2021	EACH OCCURRENCE	\$	5,000,000		
	DED RETENTION \$								AGGREGATE	\$	0,000,000
В					<b>5/4/0000</b>	5/4/0004	X PER OTH- STATUTE ER	\$	4 000 000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE			WC 9066020	5/1/2020	5/1/2021	E.L. EACH ACCIDENT	\$	1,000,000		
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOY	E \$	1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	Г \$	1,000,000		
RE: Liab Insu Gen	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC All Projects Cardet Construction Co., Ir ility policies for work performed by the reds on the Commercial General, Auto, eral and Auto Liability policies apply or	nc. ar nam and	nd the ed in Umb	Project Owner(s) are nam sured, where required by w rella Liability policies, whe	ed as Additional In: rritten contract. Wa re required by writt as per written cont	sureds on the iver of Subrog en contract, e ract.	Commercial General, A gation applies in favor o	f the Ad	Iditional		
CE	RTIFICATE HOLDER				CANCELLATION						
	Cardet Construction Co., Inc	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									

Cardet Construction Co., Inc. 83 W. Nicholai Street Hicksville, NY 11801

AUTHORIZED	REPRESENTATIVE

Fromas M. Free

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