



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/30/2020

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 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).

<b>PRODUCER</b> Duryea Agency 200 Main Street  Glen Gardner NJ 08826	<b>CONTACT NAME:</b> Jennifer Rinaldi <b>PHONE (A/C No. Ext):</b> (908) 537-2000 <b>E-MAIL ADDRESS:</b> jrinaldi@duryeaagency.com	<b>FAX (A/C, No):</b> (908) 537-7153
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> NGM Insurance Company <b>INSURER B:</b> Houston Specialty Insurance Group <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> GPR ONE CALL LLC PO BOX 5400  CLINTON NJ 08809-0400		

**COVERAGES**

CERTIFICATE NUMBER: 20-21

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BPZ58853E	11/01/2020	11/01/2021	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			B1Z5885E	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CUZ5885E	11/01/2020	11/01/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCZ5887E	11/01/2020	11/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	<b>PROFESSIONAL LIABILITY</b>			MPL00000702-01	11/01/2020	11/01/2021	PER CLAIM	\$2,000,000
							AGGREGATE	\$2,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

GPR One Call LLC  
 PO Box 5400  
 Clinton, NJ 08809

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

J Rinaldi/JENNR

© 1988-2014 ACORD CORPORATION. All rights reserved.

## ADDITIONAL COVERAGES

Ref #	Description LEGRV	Coverage Code LEGRV	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description IDRC	Coverage Code IDRC	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description AICO	Coverage Code AICO	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$23.00
Ref #	Description Add'l Ins Lssr Leased Equip	Coverage Code AILLE	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$23.00
Ref #	Description CRIS	Coverage Code CRIS	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Flat	Premium
Ref #	Description EPLI	Coverage Code EPLI	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount 5,000	Deductible Type Flat	Premium \$66.00
Ref #	Description NMALW	Coverage Code NMALW	Form No.	Edition Date	
Limit 1 25,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description AI Primary Non Contributory End	Coverage Code AIPNC	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$46.00
Ref #	Description FITRV	Coverage Code FITRV	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Managers or Lessors	Coverage Code AIMGR	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium \$23.00
Ref #	Description PRSVS	Coverage Code PRSVS	Form No.	Edition Date	
Limit 1 5,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

## ADDITIONAL COVERAGES

<b>Ref #</b>	<b>Description</b> DATAC	<b>Coverage Code</b> DATAC	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 25,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 1,000	<b>Deductible Type</b> Flat	<b>Premium</b> \$43.00
<b>Ref #</b>	<b>Description</b> NMLW3	<b>Coverage Code</b> NMLW3	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 25,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Uninsured motorist combined single limit	<b>Coverage Code</b> UMCSL	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Extended/Extraordinary Medical	<b>Coverage Code</b> EXMED	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> HNTL	<b>Coverage Code</b> HNTL	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$58.00
<b>Ref #</b>	<b>Description</b> PIP-Basic	<b>Coverage Code</b> PIP	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b> 250	<b>Deductible Type</b> Flat	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> EPLUS	<b>Coverage Code</b> EPLUS	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$1,189.00
<b>Ref #</b>	<b>Description</b> Products/Completed Ops Aggregate	<b>Coverage Code</b> PRDCO	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 3,000,000	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>
<b>Ref #</b>	<b>Description</b> Expense constant	<b>Coverage Code</b> EXCNT	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b> 1,000,000	<b>Limit 3</b> 1,000,000	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$160.00
<b>Ref #</b>	<b>Description</b> Second Injury Fund	<b>Coverage Code</b> 2NDIN	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b> 1,000,000	<b>Limit 2</b> 1,000,000	<b>Limit 3</b> 1,000,000	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b> \$160.00
<b>Ref #</b>	<b>Description</b>	<b>Coverage Code</b>	<b>Form No.</b>	<b>Edition Date</b>	
<b>Limit 1</b>	<b>Limit 2</b>	<b>Limit 3</b>	<b>Deductible Amount</b>	<b>Deductible Type</b>	<b>Premium</b>