



# CERTIFICATE OF LIABILITY INSURANCE

DATE  
**3/5/2014**

<b>PRODUCER</b> Lehman Insurance P.o. Box 246 Yonkers, NY 10705 1-800-339-6415	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> JRR Masonry LLC 742 Sycamore Dr. Brick Township, NJ 08723	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 30%;">NAIC #</td> </tr> <tr> <td>INSURER A: Preferred Contractors Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Preferred Contractors Insurance		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																		
A	PCIC5014- PCA513249- MA	1/14/2014	1/14/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">                     GENERAL LIABILITY  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                 </td> <td style="width: 20%;">                     EACH OCCURRENCE \$ <b>1,000,000.00</b> </td> </tr> <tr> <td></td> <td>FIRE DAMAGE( Any one fire ) \$ <b>50,000.00</b></td> </tr> <tr> <td></td> <td>MED EXP( Any one person ) \$ <b>5,000.00</b></td> </tr> <tr> <td></td> <td>PERSONAL &amp;&amp; ADV INJURY \$ <b>1,000,000.00</b></td> </tr> <tr> <td></td> <td>GENERAL AGGREGATE \$ <b>2,000,000.00</b></td> </tr> <tr> <td></td> <td>PRODUCTS - COMP / OP AGG \$ <b>1,000,000.00</b></td> </tr> <tr> <td colspan="2">                     GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC                 </td> <td></td> </tr> <tr> <td colspan="2"></td> <td></td> </tr> </table>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	EACH OCCURRENCE \$ <b>1,000,000.00</b>		FIRE DAMAGE( Any one fire ) \$ <b>50,000.00</b>		MED EXP( Any one person ) \$ <b>5,000.00</b>		PERSONAL && ADV INJURY \$ <b>1,000,000.00</b>		GENERAL AGGREGATE \$ <b>2,000,000.00</b>		PRODUCTS - COMP / OP AGG \$ <b>1,000,000.00</b>	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b> Certificate Holder: Lehman Insurance PO Box 246 Yonkers, NY 10705 Fax:	<input checked="" type="checkbox"/>	<b>ADDITIONAL INSURED ; INSURER LETTER :</b> _____
		<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF , THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT , BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER , ITS AGENTS OR REPRESENTATIVES . AUTHORIZED REPRESENTATIVE 