

CERTIFICATE OF LIABILITY INSURANCE

PROAR-1

OP ID: KO

DATE (MM/DD/YYYY) 01/04/2016

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).

C		cate holder in lieu					140150	mont. A sta		is certificate doc	.5 1101 0	JC.	rigino to the	
PRODUCER Costello & Associates Insurance Group Inc. 265 Union Street Lodi, NJ 07644 Lisa Ann Costello								CONTACT Lisa Ann Costello						
								PHONE (A/C, No, Ext): 973-777-8333 FAX (A/C, No): 973-777-1937						
								E-MAIL ADDRESS: Icostello@costelloins.com						
								INSURER(S) AFFORDING COVERAGE NAIC #						
								INSURER A : Utica First Insurance Company					15326	
INSURED Pro Architectural LLC							INSURER B: Liberty Mutual					23035		
136 Outwater Lane						INSURE								
Garfield, NJ 07026							INSURER D:							
					ļ			INSURER E :					1	
							INSURER F:							
CO	VER	AGES	CER	TIFIC	CATE	NUMBER:	INSUKL	. К. Г.		REVISION NUM	BER:			
IN C	IDICA ERTIF	TED. NOTWITHSTA	ANDING ANY RE SUED OR MAY	QUIF PERT	REME AIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH D HEREIN IS SUB	RESPEC	CT TC	WHICH THIS	
INSR LTR	NSR TYPE OF INSURANCE				SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GENERAL LIABILITY								EACH OCCURRENCE		\$	1,000,000		
Α	X	X COMMERCIAL GENERAL LIABILITY				SIGCP600004843		01/08/2016	01/08/2017	DAMAGE TO RENTE PREMISES (Ea occur		\$	50,000	
	CLAIMS-MADE X OCCUR									MED EXP (Any one po	erson)	\$	5,000	
										PERSONAL & ADV IN	IJURY	\$	1,000,000	
										GENERAL AGGREGA	ATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/	OP AGG	\$	2,000,000	
		POLICY PRO- JECT	LOC									\$		
	AUTO	OMOBILE LIABILITY								COMBINED SINGLE (Ea accident)	LIMIT	\$		
		ANY AUTO								BODILY INJURY (Per	person)	\$		
		ALL OWNED AUTOS	SCHEDULED AUTOS							BODILY INJURY (Per	accident)	\$		
		HIRED AUTOS	NON-OWNED AUTOS							PROPERTY DAMAGE (PER ACCIDENT)		\$		
			7.0100							(12.11.100.132.111)		\$		
		UMBRELLA LIAB	OCCUR							EACH OCCURRENCI	E	\$		
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$		
		DED RETENTIO	N \$	1								\$		
	WORKERS COMPENSATION									X WC STATU- TORY LIMITS	OTH- ER	•		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					WC33S363735015		01/08/2016	01/08/2017	E.L. EACH ACCIDEN		\$	100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A						E.L. DISEASE - EA EI			100,000	
										E.L. DISEASE - POLIC		\$	500,000	
		o	5.10 50.01									•	•	
		ON OF OPERATIONS/L nal insured:	OCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)					
CE	RTIFI	ICATE HOLDER					CANO	CELLATION						
							<u> </u>							
							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							