

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2019

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			•	• .	•	may require	an endorsement. A statemer	nt on	
PRODUCER						CONTACT Dottie Deegan				
S. T. Good Insurance, Inc.						PHONE (302) 328-1888 FAX (302) 328-1/31				
875 AAA Boulevard						E-MAIL ddoogan@thogoodagongy.com				
Suite A						ADDRESS: Unsurer(s) AFFORDING COVERAGE NAIC #				
Newark DE 19713					INSURER A: Selective Insurance Co of SE				39926	
INSURED					INSURER B: Selective Way Insurance Co.				26301	
TOP NOTCH CARPENTRY LLC					INSURER C:					
302 ROBINSON LANE					INSURER D :					
					INSURER E :					
WILMINGTON			DE 19805			INSURER F:				
CO	VERAGES CER	ATE I	NUMBER: CL194104116					<u>'</u>		
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		
٨	COMMERCIAL GENERAL LIABILITY					03/12/2019	03/12/2020	DAMA CE TO DENITED	,000,000	
	CLAIMS-MADE OCCUR				03/12/2019			PREMISES (Ea occurrence) \$ <sup>3</sup>	00,000	
				C 2220020				WED EXF (Arry one person) \$	5,000	
Α				S 2329828				FERSONAL & ADV INSURT	,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GLINERAL AGGREGATE 3	,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2	,000,000		
A	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT 6 1	,000,000	
	ANY AUTO							(Ea accident) \$ I  BODILY INJURY (Per person) \$	,000,000	
	OWNED SCHEDULED			S 2329828		03/12/2019	03/12/2020	BODILY INJURY (Per accident) \$		
	AUTOS ONLY AUTOS NON-OWNED NON-OWNED							PROPERTY DAMAGE &		
	AUTOS ONLY AUTOS ONLY							(Per accident) \$		
Α	WIMBRELLA LIAB EXCESS LIAB  CLAIMS-MADE						03/12/2020	EACH OCCURRENCE \$ 2	,000,000	
				S 2329828	03/12/201	03/12/2019			,000,000	
	DED RETENTION \$ 0						\$			
	WORKERS COMPENSATION							PER OTH-ER		
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	WC 90	WC 9060778		03/12/2019	03/12/2020	E.L. EACH ACCIDENT \$ 5	00,000	
	(Mandatory in NH)  If yes, describe under DESCRIPTION OF OPERATIONS below					00/12/2010	00/12/2020	E.L. DISEASE - EA EMPLOYEE \$ 5	00,000	
								E.L. DISEASE - POLICY LIMIT \$ 5	00,000	
DEO	DESCRIPTION OF OREDATIONS (A COATIONS (AFERICA)	0 (10	00004	04. A 1.195 D 1 O -1 1 -1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
CERTIFICATE HOLDER						CANCELLATION				
Certificate of Insurance					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				