

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/08/2016

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 requi certificate holder in lieu of such endorsement(s).	ire an endorse	ement. A state	ement on th	is certificate does not o	confer rights to the
PRODUCER 732-634-7114 732-634-2583	CONTA NAME:	Allen Fre	eman		MACANELLE MACANE
Allen Freeman Insurance	PHONE (A/C, N	o, Ext): 732-63		FAX (A/C, No):	732-634-2583
135 Green Street, 2nd Fl	E-MAIL ADDRE	ss: awfins8	@aol.com	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Woodbridge, NJ 07095	1		-	RDING COVERAGE	NAIC #
110000011090,110 07 000	INSUR			Insurance Company	
INSURED				nsurance Fund	
AirPro Environmental Services Inc. 1115 Broadway, 12th Floor New York, NY 10010		INSURER C:			
		INSURER D :			
COVERAGES CERTIFICATE NUMBER:	INSUR	EK F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BEI	LOW HAVE BEI	EN ISSUED TO			HE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CON- CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MA	NDITION OF AN AFFORDED BY	IY CONTRACT THE POLICIES REDUCED BY I	OR OTHER IS DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO WHICH THIS
INSR LTR TYPE OF INSURANCE ADDL SUBR INSD WVD POLICY NU	UMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMI	
A CLAIMS-MADE OCCUR				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
✓ Pollution USA 40	96625	09/02/2015	09/02/2016		\$ 5,000
✓ Asbestos	00020	30,02,20,10	50,02/2010	PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
A PPO					\$ 2,000,000
				PRODUCTS - COMP/OP AGG	\$ 2,000,000
OTHER: AUTOMÓBILE LIABILITY		-		COMBINED SINGLE LIMIT	s
				(Ea accident)	\$
ANY AUTO ALL OWNED SCHEDULED				BODILY INJURY (Per person)	
AUTOS AUTOS NON-OWNED				BODILY INJURY (Per accident) PROPERTY DAMAGE	
HIRED AUTOS AUTOS				(Per accident)	\$
					\$
UMBRELLA LIAB OCCUR				EACH OCCURRENCE	\$
EXCESS LIAB CLAIMS-MADE		Carlo Maria		AGGREGATE	\$
DED RETENTION\$					\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		11/04/2015	11/04/2016	✓ PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE TIN	-400	11/04/2015	11/04/2016	E.L. EACH ACCIDENT	\$ 100,000
(Mandatory in NH)	0492			E.L. DISEASE - EA EMPLOYER	
If yes, describe under DESCRIPTION OF OPERATIONS below				E.L. DISEASE - POLICY LIMIT	
					T 000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remar	rke Schadula, may	he attached if mor	o enaco le roqui	rodl	
DESCRIPTION OF STEAM TOROT ESSATIONS TVEHISLES (ACOND 101, Additional Remai	ika Schedule, may	be attached if mor	e space is requi	redj	
Sample (Certificate	of Insura	nce		
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CERTIFICATE HOLDER	CAN	CELLATION			
)	A 12	to:
				ESCRIBED POLICIES BE C	
				EREOF, NOTICE WILL CY PROVISIONS.	BE DELIVERED IN
	AC	CONDAMOE WI	III IIIL FOLK	TI NOVIGIONS.	AL .
	AIITH	RIZED REPRESE	NTATIVE (
	The line	I William	1	1)	