

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/27/2018

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. 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 liqu of such endorsement(s)

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER						CONTACT Sean Greening						
Tri-State Insurance Agency						PHONE (973) 579-6776 (A/C, No, Ext): (973) 579-0111						
96 F	Route 206 North	E-MAIL sgreening@tsia.net										
P.O. Box 4						INSURER(S) AFFORDING COVERAGE						
Augusta NJ 07822						INSURER A: Admiral Insurance Company					NAIC # 24856	
INSURED							s Property & C	asualty Ins Co			10100	
Troost Fire Protection LLC						INSURER C: NJ Casualty Insurance Company (WC Assigned Risk						
58 Hyatt Rd					INSURER D :							
						INSURER E :						
Branchville				NJ 07826	INSURER F:							
COVERAGES CERTIFICATE NUMBER: 2018-2019 Master #1 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   POLICY EFF   POLICY EXP												
INSR LTR	NSR LTR TYPE OF INSURANCE			POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
	COMMERCIAL GENERAL LIABILITY					, , , ,		EACH OCCURRENC		\$ 1,00	0,000	
A	CLAIMS-MADE X OCCUR	Y	CA000029824-0				03/01/2019	DAMAGE TO RENTE PREMISES (Ea occu	TD (rrence)	\$ 50,0	000	
								MED EXP (Any one person) \$		\$ 5,00	0	
				CA000029824-01		03/01/2018		PERSONAL & ADV INJURY \$		\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,00		0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP	P/OP AGG	\$ 2,00	0,000	
	OTHER:							Employee Benefits \$		\$ 1,00	\$ 1,000,000	
В	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	IBINED SINGLE LIMIT \$ 1,00		0,000	
	ANY AUTO OWNED AUTOS ONLY AUTOS						12/06/2018	BODILY INJURY (Per person) \$				
				PAC00001117853		12/06/2017		BODILY INJURY (Per accident) \$				
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$		\$		
								\$		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	H OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE					AGGREGATE		\$				
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							➤ PER STATUTE	OTH- ER			
С	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	M82123-1-17			12/02/2017	12/02/2018			\$ 500,	,000	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		\$ 500,	,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		<sub>\$</sub> 500,	,000	
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
	tificate Holder is included as an Additional Ins											
	contract exists requiring such a status. Per the terms of the policy, coverage for an additional insured is contingent upon an underlying written agreement with the named insured requiring such coverage.											
CERTIFICATE HOLDER						CANCELLATION						
						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										
		$\int \mathcal{A}_{s}$										