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AND EMPLOYERS' LIABILITY

(Mandatory in NH)

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

If yes, describe under DESCRIPTION OF OPERATIONS below

Certificate Of Insurance

DATE (MM/DD/YYYY) ACORD CERTIFICATE OF LIABILITY INSURANCE 11/6/2018 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 lieu of such endorsement(s). CONTACT NAME: (A/C, No, Ext): (866) 384-1120 E-MAIL FAX (A/C, No): 855-804-8443 ADDRESS **BIN Insurance Holdings. LLC** INSURER(S) AFFORDING COVERAGE NAIC # 30 N. LaSalle, 25th Floor, Chicago, IL 60602 INSURER A: Ohio Security Insurance Company 24082 **INSURER B:** Liberty Mutual Insurance Company 23043 JW Plumbing & Heating NY, LLC. 23043 INSURER C : Liberty Mutual Insurance Company 24 Kathwood Rd, White Plains, NY, 10607 INSURER D : INSURER E : INSURER F COVERAGES **CERTIFICATE NUMBER: 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. ADDL SUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 \$ EACH OCCURRENCE DAMAGE TO RENTED \$ 300,000 r CLAIMS-MADE OCCUR PREMISES (Ea occurrence) 15,000 \$ MED EXP (Any one person) Yes 1,000,000 BKS (19) 59257085 10/26/2018 10/26/2019 PERSONAL & ADV INJURY \$ \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 PRO-JECT POLICY ~ LOC PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY \$ 1,000,000 BODILY INJURY (Per person) \$ ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS BAS (19) 59257085 10/26/2018 10/26/2019 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ UMBRELLA LIAB \$ 5,000,000 r OCCUR EACH OCCURRENCE \$ 5,000,000 EXCESS LIAB Yes USO (19) 59257085 10/26/2018 10/26/2019 CLAIMS-MADE AGGREGATE DED **RETENTION \$** \$ WORKERS COMPENSATION OTH-ER

STATUTE

E.L. EACH ACCIDENT

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured as their interests may appear in regards to general liability. This insurance is primary and non-contributory to any other insurance provided as respects general liability coverage.

Y/N

N/A

CERTIFICATE HOLDER	CANCELLATION
BrandPoint Services, Inc. 820 Adams Ave. Suite 130 Trooper, PA 19403	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