

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/16/2020

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).

PRODUCER			CONTACT NAME:	
Edwards and Company			PHONE (A/C, No, Ext): (631) 472-8400 FAX (A/C, No): (631) 47	72-8486
P O Box 428			E-MAIL ADDRESS: certs@edwardsandco.net	
140 Greene Avenue			INSURER(S) AFFORDING COVERAGE	NAIC#
Sayville	NY	11782	INSURER A: Hartford Insurance Company	
INSURED			INSURER B:	
Dynamic Digital Air, LLC			INSURER C:	
50 Dey Street			INSURER D :	
Apt 256			INSURER E :	
Jersey City	NJ	07306	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	20-21 Master	REVISION NUMBER:	<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 ADDL SUBR POLICY EFF POLICY EFF POLICY EXP						
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS
A	CLAIMS-MADE CCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED
		Y	Y	12SBAAJ2ZP7	11/06/2020	11/06/2021	MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000
'	GEN'L AGGREGATE LIMIT APPLIES PER:	- `					PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 1,000,000
	ANY AUTO			12SBAAJ2ZP7	11/10/2020	11/06/2021	BODILY INJURY (Per person) \$
A	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE \$ 5,000,000
A	EXCESS LIAB CLAIMS-MADE	Y	Υ	12SBAAJ2ZP7	11/10/2020	11/06/2021	AGGREGATE \$ 5,000,000
	DED RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER
Α	A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A	12 WEC AJ3STP	11/10/2020	11/10/2021	E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
<u> </u>	DÉSCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Project:: Verizon Branchburg

Gilbane Building Company, The Project Owner, and all others as required by written contract are named as follow:

As respects to General Liability if required by written contract the following are included as Blanket additional insured per the policy form SL 30 32.

As respects to General Liability if required by written contract Waiver of Subrogation applies per policy form SL0000.

If required by written contract the General Liability insurance is primary and non-contributory to the additional insured per policy form SL0000.

As respects to General Liability if required by written contract the following are included as additional insured including products-completed operations per

CERTIFICATE HOLDER		CANCELLATION
Gilbane Building Company 1037 Raymond Boulevard		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
Suite 320		
Newark I	NJ 07102	1540 HS

AGENCY CUSTO	MER ID:	0000562
--------------	---------	---------

LOC #:



ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Luwarus and Company			Byhamic Digital Ali, EEG			
POLICY NUMBER						
CARRIER		NAIC CODE				
OARRIER		NAIG GODE	EFFECTIVE DATE:			
ADDITIONAL REMARKS						
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,						
FORM NUMBER: 25 FO	ORM TITLE: Certificate of Liabil	lity Insurance				
The policy form SL3036. As respects to General Liability if required by written contract Waiver of Subrogation applies per policy form SL0000. Umbrella is follow form. WC Waiver of Subrogation is not applicable in State of NJ. Additional Insured applies to the Umbrella Policy as required by written contact.						