

CERTIFICATE OF LIABILITY INSURANCE

JRICKERBY

DATE (MM/DD/YYYY) 4/30/2020

MJESUSC-01

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).

tł	nis certificate does not confer rights to the confe	o the	cert	ificate holder in lieu of su	ch end	dorsement(s)					
Hub International Northeast Limited						CONTACT NAME: PHONE (A/C, No, Ext): (516) 677-4700 FAX (A/C, No				, _{No):} (516) 496-4040	
	Sunnyside Boulevard odbury, NY 11797				E-MAIL ADDRE	SS:		<u>'</u>	(110, 110)		
					INSURER(S) AFFORDING COVERAGE						NAIC #
					INSURER A: Merchants Mutual Insurance Company						23329
INSU	JRED				INSURE						
	M JESUS CONSTRUCTION (18 Munsell Rd	INSURER C:						+			
	Medford, NY 11763	INSURER D :									
					INSURER E :						
СО	VERAGES CER	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	DED B	ANY CONTRAC Y THE POLICI	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SI	TH RESPE	CT TO	WHICH THIS
LTR	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	SUBR WVD	POLICY NUMBER	POLICY NUMBER		(MM/DD/YYYY)			2.000.000	
^	CLAIMS-MADE X OCCUR	V	v	CTRI000592		4/26/2020	4/26/2021	DAMAGE TO RENTI PREMISES (Ea occu	ED .	\$	500,000
	SE MINE MASE A SECON	X	X	C11(1000392		4/20/2020	4/20/2021	MED EXP (Any one		\$	5,000
								PERSONAL & ADV		\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		\$	4,000,000
	POLICY X PRO-							PRODUCTS - COMP	P/OP AGG	\$	4,000,000
	OTHER:							COMBINED SINGLE	LIMIT	\$	1 000 000
Α	AUTOMOBILE LIABILITY			0 4 Diagona		=/00/0040	=10010000	(Ea accident)	LIIVIII	\$	1,000,000
	ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS			CAPI063333		7/28/2019	7/28/2020	BODILY INJURY (Pe		\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	er accident) SE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENG	CE	\$	
	EXCESS LIAB CLAIMS-MADE	:						AGGREGATE		\$	
	DED RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA I			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
DES Evic	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC lence of Coverage.	iles (ACORE	0 101, Additional Remarks Schedu	le, may t	e attached if mor	e space is requin	red)			
CE	RTIFICATE HOLDER				CAN	CELLATION					
	For Verification of Co	ver	ane	ONLY	THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.			

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF WORKERS' COMPENSATION INSURANCE (RENEWED)

^^^^^ 112917071

HUB INTERNATIONAL NORTHEAST
100 SUNNYSIDE BLVD
WOODBURY NY 11797



SCAN TO VALIDATE AND SUBSCRIBE

POLICYHOLDER

M JESUS CONSTRUCTION CORP 18 MUNSELL ROAD MEDFORD NY 11763 **CERTIFICATE HOLDER**

For Verification of Coverage ONLY

POLICY NUMBER	CERTIFICATE NUMBER	POLICY PERIOD	DATE
l 735 130-7	175676	05/11/2020 TO 05/11/2021	4/30/2020

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 735 130-7, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP. THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

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NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING