August 8, 2023

Good Shepherd Episcopal Church 9 TWO BRIDGES RD TOWACO NJ 07082-1318

## **Account Information:**

Policy Holder Details : NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION

Contact Us

Need Help?

Chat online or call us at (866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2023

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 SUBROGATIONIS 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).

	er in ii	eu or s	· ,				
- * <del>* - : :</del>		<b>I</b>	NAME:				
13652140				PHONE (866) 467-8730 FAX			
The Hartford Business Service Center				No, Ext):		(A/C, NO)	
0 Wiseman Blvd			E-MA	AIL.		<u> </u>	
Antonio, TX 78251			ADDI				
					NAIC#		
INSURED NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION 444 BROOKVIEW CT SOMERVILLE NJ 08876-3801			SSOCIATION	RERA:	37478		
			INSU	RER B :			
			INSU	RER C :			
			INSU	RER D:			
				RER E :			
		INSU	RER F :				
VERAGES C	FICAT	E NUMBER:	REVISION NUMBER:				
IDICATED.NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR M	EQUIR	ERTAIN	T, TERM OR CONDITION I, THE INSURANCE AFF	OF ANY CONTRA	CT OR OTHER   POLICIES DES	DOCUMENT WITH RESP CRIBED HEREIN IS SUI	ECT TO WHICH THIS
TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP		rs
COMMERCIAL GENERAL LIABILITY	INSR	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	\$2,000,000
CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
X General Liability						MED EXP (Any one person)	\$10,000
	X		13 SBA IM9407	09/01/2023	09/01/2024	PERSONAL & ADV INJURY	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AG	\$4,000,000
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
ANY AUTO						BODILY INJURY (Per person	
A ALL OWNED SCHEDULED AUTOS AUTOS			13 SBA IM9407	9407 09/01/2023	09/01/2024	BODILY INJURY (Per accide	nt)
X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
	<u> </u>						
UMBRELLA LIAB						EACH OCCURRENCE	1
EXCESS LIAB CLAIMS-MADE	]					AGGREGATE	
DED RETENTION \$	L						
WORKERS COMPENSATION							H-
ANY Y/N PROPRIETOR/PARTNER/EXECUTIVE N/A						E.L. EACH ACCIDENT	
							:F
(Mandatory in NH) If yes, describe under	1						
DESCRIPTION OF OPERATIONS below EMPLOYMENT PRACTICES						Each Claim Limit	\$5,000
	DUCER DWN & BROWN OF NJ LLC/PHS 52140 Hartford Business Service Center 0 Wiseman Blvd Antonio, TX 78251  RED RTHERN NEW JERSEY SQUARE IS BROOKVIEW CT MERVILLE NJ 08876-3801  VERAGES HIS IS TO CERTIFY THAT THE POLICIE IDICATED NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MERKING, EXCLUSIONS AND CONDITION  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  X General Liability  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT X LOC OTHER:  AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS X HIRED X AUTOS X HIRED X AUTOS X HIRED X AUTOS X AUTOS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICET/MEMBER BRING DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICET/MEMBER BRING DESCRIPTION OF OPERATIONS below	DUCER DWN & BROWN OF NJ LLC/PHS 52140 Hartford Business Service Center 0 Wiseman Blvd Antonio, TX 78251  RED RTHERN NEW JERSEY SQUARE DANCE BROOKVIEW CT MERVILLE NJ 08876-3801  VERAGES HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED.NOTWITHSTANDING ANY REQUIRE ERTIFICATE MAY BE ISSUED OR MAY PERMS, EXCLUSIONS AND CONDITIONS OF SERMS, EXCLUSIONS AND COURT INSERTIONS AND	DUCER DWN & BROWN OF NJ LLC/PHS 52140 Hartford Business Service Center 0 Wiseman Blvd Antonio, TX 78251  RED RTHERN NEW JERSEY SQUARE DANCERS A BROOKVIEW CT MERVILLE NJ 08876-3801  VERAGES CERTIFICAT HIS IS TO CERTIFY THAT THE POLICIES OF INSURA IDICATED.NOTWITHSTANDING ANY REQUIREMEN' ERTIFICATE MAY BE ISSUED OR MAY PERTAIN ERMS, EXCLUSIONS AND CONDITIONS OF SUCH P COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X General Liability X GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC OTHER:  AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED X AUTOS X HIRE	DUCER DWN & BROWN OF NJ LLC/PHS DWN & BROWN	DWN & BROWN OF NJ LLC/PHS 52140 Hartford Business Service Center 0 Wiseman Blvd Antonio, TX 78251  RED RTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION BROOKVIEW CT MERVILLE NJ 08876-3801  WERVILLE NJ 08876-3801  VERAGES  CERTIFICATE NUMBER: INSURER 0: INSURER 0: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 1: INSURER 1: INSURER 2: INSURER 5:  VERAGES  CERTIFICATE NUMBER: INSURER 6: INSURER 6: INSURER 7: INSURER 7:  VERAGES  CERTIFICATE NUMBER: INSURER 6: INSURER 7: INSURER 7: INSURER 7: INSURER 7: INSURER 8: INSURER 1: INSURER 8: INSURER 1: INSURER 2: INSURER 1: INSURER 2: INSURER 1: INSURER 3: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 1: INSURER 2: INSURER 2: INSURER 2: INSURER 2: INSURER 2: INSURER 3: INSURER 3: INSURER 3: INSURER 4:	DUCER DOWN & BROWN OF NJ LLC/PHS 52140 Hartford Business Service Center 0 Wiseman Blvd Antonio, TX 78251  RED RTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION BROOKVIEW CT MERVILLE NJ 08876-3801  REVIX.  WERVILLE NJ 08876-3801  REVIX.  WERVILLE NJ 08876-3801  REVIX.  WERVIX.  WEVIX.  INSURER B:  WEVIX.  INSURER C:  INSURER C:	NAME:   SOUND OF NJ LLC/PHS   SOUND OWN Earnam Blvd   Antonio, TX 78251   E-MAIL   ADDRESS:   INSURER(S) AFFORDING COVERAGE   MIGHWEST   MIGHWE

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

CERTIFICATE HOLDER	CANCELLATION
Good Shepherd Episcopal Church	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
9 TWO BRIDGES RD	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
TOWACO NJ 07082-1318	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Susan S. Castaneda