



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

August 3, 2026

County of Hunterdon, NJ
PO Box 2900
FLEMINGTON NJ 08822-2900

Account Information:

Policy Holder Details :	NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION
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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

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 BROWN & BROWN INS SERVICES INC/PHS 22276638 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (866) 467-8730 (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:														
INSURED NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION 52 KIEL AVE KINNELON NJ 07405	<table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC#</td></tr><tr><td>INSURER A : Hartford Insurance Company of the Midwest</td><td>37478</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A : Hartford Insurance Company of the Midwest	37478	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																																		
A	COMMERCIAL GENERAL LIABILITY <table><tr><td>☐</td><td>CLAIMS-MADE</td><td>☒</td><td>OCCUR</td></tr><tr><td>☒</td><td colspan="3">General Liability</td></tr></table> GEN'L AGGREGATE LIMIT APPLIES PER: <table><tr><td>☐</td><td>POLICY</td><td>☐</td><td>PRO-JECT</td><td>☒</td><td>LOC</td></tr><tr><td colspan="6">OTHER:</td></tr></table>	☐	CLAIMS-MADE	☒	OCCUR	☒	General Liability			☐	POLICY	☐	PRO-JECT	☒	LOC	OTHER:						X	X	22 SBA AF9178	09/01/2026	09/01/2027	<table><tr><td>EACH OCCURRENCE</td><td>\$ \$2,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ \$300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ \$10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ \$2,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ \$4,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ \$4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ \$2,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$300,000	MED EXP (Any one person)	\$ \$10,000	PERSONAL & ADV INJURY	\$ \$2,000,000	GENERAL AGGREGATE	\$ \$4,000,000	PRODUCTS - COMP/OP AGG	\$ \$4,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE -EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	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)

Those usual to the Insured's Operations. See Additional Remarks Accord 101.

CERTIFICATE HOLDER

County of Hunterdon, NJ
PO Box 2900
FLEMINGTON NJ 08822-2900

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

Susan L. Castaneda

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY BROWN & BROWN INS SERVICES INC/PHS		NAMED INSURED NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION 52 KIEL AVE KINNELON NJ 07405	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM****FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Location: Square Dances at RE: Echo Hill Park, 42 Lilac Drive Flemington, NJ 08822 // Hunterdon County Complex, 314 State Route 12, Building 1, Flemington, NJ 08822. The County of Hunterdon, including all elected and appointed officials, all employees and volunteers, all Boards, Commissions and authorities and their board members, employees, and volunteers an additional insured per the Business Liability Coverage Form SS0008 and Form SS 01 69 Hired Auto and Non-Owned Auto Liability - New Jersey, attached to this policy. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS0008, attached to this policy.