



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

January 5, 2022

Fashion Institute of Technology  
227 W 27TH ST  
NEW YORK NY 10001-5902

### Account Information:

|                                |   |
|--------------------------------|---|
| <b>Policy Holder Details :</b> | NORTHERN NEW JERSEY<br>SQUARE DANCERS ASSOCIATION |
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### Contact Us

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Business Service Center

**Business Hours:** Monday - Friday  
(7AM - 7PM Central Standard Time)

**Phone:** (866) 467-8730

**Fax:** (888) 443-6112

**Email:** [agency.services@thehartford.com](mailto:agency.services@thehartford.com)

**Website:** <https://business.thehartford.com>

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)  
01/05/2022

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 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).**

|  |  |                                      |                               |
|--|--|--------------------------------------|-------------------------------|
| <b>PRODUCER</b><br>BROWN & BROWN OF NJ LLC/PHS<br>13652140<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (866) 467-8730 |                                      | FAX (A/C, No): (888) 443-6112 |
|  | <b>E-MAIL ADDRESS:</b>                                       |                                      |                               |
|  |  | <b>INSURER(S) AFFORDING COVERAGE</b> | <b>NAIC#</b>                  |
| <b>INSURED</b><br>NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION<br>444 BROOKVIEW CT<br>SOMERVILLE NJ 08876-3801                                 | <b>INSURER A:</b> Hartford Insurance Company of the Midwest  |                                      | 37478                         |
|  | <b>INSURER B:</b>  |                                      |                               |
|  | <b>INSURER C:</b>  |                                      |                               |
|  | <b>INSURER D:</b>  |                                      |                               |
|  | <b>INSURER E:</b>  |                                      |                               |
|  | <b>INSURER F:</b>  |                                      |                               |

**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.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYY) | LIMITS  |   |  |
|----------|--|-----------|----------|---------------|-------------------------|--------------------------|---|---|--|
| A        | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> General Liability   | X         |          | 13 SBA IM9407 | 09/01/2021              | 09/01/2022               | EACH OCCURRENCE   | \$2,000,000   |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER:  |           |          |               |                         |                          | DAMAGE TO RENTED PREMISES (Ea occurrence)                               | \$300,000   |  |
|          |  |           |          |               |                         |                          | MED EXP (Any one person)  | \$10,000  |  |
|          |  |           |          |               |                         |                          | PERSONAL & ADV INJURY   | \$2,000,000   |  |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS |           |          | 13 SBA IM9407 | 09/01/2021              | 09/01/2022               | COMBINED SINGLE LIMIT (Ea accident)                                     | \$2,000,000   |  |
|          |  |           |          |               |                         |                          | BODILY INJURY (Per person)  |   |  |
|          |  |           |          |               |                         |                          | BODILY INJURY (Per accident)  |   |  |
|          |  |           |          |               |                         |                          | PROPERTY DAMAGE (Per accident)  |   |  |
|          | <b>UMBRELLA LIAB EXCESS LIAB</b><br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |               |                         |                          | EACH OCCURRENCE   |   |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |               |                         |                          | <input type="checkbox"/> Y/N<br><input checked="" type="checkbox"/> N/A | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE -EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT |  |
| A        | <b>EMPLOYMENT PRACTICES LIABILITY</b>  |           |          | 13 SBA IM9407 | 09/01/2021              | 09/01/2022               | Each Claim Limit<br>Aggregate Limit                                     | \$5,000<br>\$5,000  |  |

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**

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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*

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