August 3, 2023

The Borough of Maywood 15 PARK AVE MAYWOOD NJ 07607-2015

## **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) 08/03/2023

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).

			ertificate hold	er in li	eu of	such endorsement(s).					
PRODU			NIII O/DIIO			CONT					
BROWN & BROWN OF NJ LLC/PHS						PHON		6) 467-8730	FAX		
13652140 The Hartford Business Service Center						(A/C,	No, Ext):	•	(A/C, No	):	
The Hartford Business Service Center 3600 Wiseman Blvd						E-MA	II				
						ADDF					
San Antonio, TX 78251							INSL	NAIC#			
INSURED							Hartfo	37478			
NORTHERN NEW JERSEY SQUARE DANCERS ASSOCIATION							RER A : Midwe:				
444 BROOKVIEW CT						INSU	RER B :				
SOMERVILLE NJ 08876-3801							RER C :				
						INSIII	RER D:				
							INSURER E :				
							RER F :				
		AGES				E NUMBER:			ION NUMBER:		
						ANCE LISTED BELOW HA					
							TION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS				
						OLICIES. LIMITS SHOWN				DOLOT TO ALL THE	
INSR		TYPE OF INSI	URANCE		SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIM	ITS	
LTR		COMMERCIAL GEN	IERAL LIABILITY	INSR	WVD		(MM/DD/YYYY)	(MM/DD/Y YYY)	EACH OCCURRENCE	\$2,000,000	
		CLAIMS-MADE	X OCCUR						DAMAGE TO RENTED	\$300,000	
-	X General Liability						09/01/2024	PREMISES (Ea occurrence)	\$10,000		
⊢	A Jonioral Liability			+ x		13 SBA IM9407		9407 09/01/2023	MED EXP (Any one person) PERSONAL & ADV INJURY	\$2,000,000	
A	GEN'L AGGREGATE LIMIT APPLIES PER:			-		13 3DA 11019407	09/01/2023	09/01/2024		\$4,000,000	
l F			. 🗀						GENERAL AGGREGATE		
-	_	JECT JECT	I Y I LOC						PRODUCTS - COMP/OP AC	GG \$4,000,000	
$\sqcup$	0	OTHER:							COMPINED OINOLE LIMIT		
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000	
	ANY AUTO								BODILY INJURY (Per person	n)	
Α	ALL OWNED SCHEDULED AUTOS AUTOS					13 SBA IM9407	09/01/2023	09/01/2024	BODILY INJURY (Per accide	ent)	
	X HIRED X NON-OWNED						PROPERTY DAMAGE				
	_ ^	AUTOS ^	AUTOS						(Per accident)		
		UMBRELLA LIAB	OCCUR CLAIMS-						EACH OCCURRENCE		
		EXCESS LIAB	MADE						AGGREGATE		
ı	DI	ED RETENTIC	on \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								гн-		
								STATUTE E.L. EACH ACCIDENT	₹		
								E.L. DISEASE -EA EMPLOY	EE		
		datory in NH1	If yes, describe under						E.L. DISEASE - POLICY LIN	пт	
	(Mand If yes,	, describe under								1	
	(Mand If yes, DESC	, describe under CRIPTION OF OPER							Foot Claim Limit	\$E 000	
A	(Mand If yes, DESC EMF	, describe under				13 SBA IM9407	09/01/2023	09/01/2024	Each Claim Limit Aggregate Limit	\$5,000 \$5,000	

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
The Borough of Maywood	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
15 PARK AVE	BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
MAYWOOD NJ 07607-2015	IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	Susan S. Castaneda

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