



# CERTIFICATE OF LIABILITY INSURANCE

ALVES-1

OP ID: JS

DATE (MM/DD/YYYY)

01/18/2019

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> Joseph J Schipsi Inc 303 S Kings Hwy Ste5 Cherry Hill, NJ 08034 Joseph J Schipsi Jr	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> topfloordesigns@gmail.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A : Utica First Insurance Company</b>	<b>15326</b>
<b>INSURED</b> <b>Top Floor Design Inc</b> 902 Main St., Suite 205 Belmar, NJ 07719	<b>INSURER B : Wesco Insurance Company</b>	<b>25011</b>
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

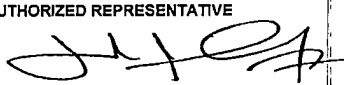
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>Y</b>		<b>ART5124180-00.</b>	<b>01/16/2019</b>	<b>01/16/2020</b>	<b>EACH OCCURRENCE</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ <b>1,000,000</b>
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>						<b>MED EXP (Any one person)</b> \$ <b>10,000</b>
							<b>PERSONAL &amp; ADV INJURY</b> \$ <b>1,000,000</b>
							<b>GENERAL AGGREGATE</b> \$ <b>2,000,000</b>
							<b>PRODUCTS - COMP/OP AGG</b> \$ <b>2,000,000</b>
							<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>
	<input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>						
	<b>AUTOMOBILE LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> <b>ANY AUTO</b>						<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b>						<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						<b>PROPERTY DAMAGE (PER ACCIDENT)</b> \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b>						<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>						<b>AGGREGATE</b> \$
	<b>DED</b> <b>RETENTION \$</b>						
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>Y/N</b> <b>N</b>	<b>N/A</b>	<b>PWC1003492.</b>	<b>01/16/2019</b>	<b>01/16/2020</b>	<input checked="" type="checkbox"/> <b>WC STATU-TORY LIMITS</b> <input checked="" type="checkbox"/> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</b>						<b>E.L. EACH ACCIDENT</b> \$ <b>500,000</b>
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>						<b>E.L. DISEASE - EA EMPLOYEE</b> \$ <b>500,000</b>
							<b>E.L. DISEASE - POLICY LIMIT</b> \$ <b>500,000</b>

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

Home Evolution is named additional insured

**CERTIFICATE HOLDER****CANCELLATION**

<b>HOMEEVO</b>  Home Evolution Corporation fax 856 206 9439 2791 Rt. 73 S Maple Shade, NJ 08052	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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