

## CERTIFICATE OF LIABILITY INSURANCE

**ALVES-1** 

OP ID: LJ DATE (MM/DD/YYYY)

02/19/2016

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)

PRODUCER Joseph J Schipsi Inc 303 S Kings Hwy Ste5 Cherry Hill, NJ 08034 Joseph J Schipsi Jr			CONTACT NAME: PHONE (A/C, No, Ext):	FAX (A/C, No):	
			E-MAIL ADDRESS: nancyalves@live.com		
Joseph o Gempa of			INSURER(S) AFFORDING COVERAGE	NAIC #	
			INSURER A: Utica National Ins Group		25976
INSURED	Top Floor Design I 225 Cleveland Ave Long Brnach, NJ 0		INSURER B:		
			INSURER C:		
	<b>J</b> ,		INSURER D:		
			INSURER E :		
			INSURER F:		
COVEDA	CES	CEDTIFICATE NUMBED.	DEVISION NII	MDED.	

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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY			1112		(,22,,	(,22,1111)	EACH OCCURRENCE	\$	1,000,000
Α		COMMERCIAL GENERAL LIABILITY			4922178	01/15/2016	01/15/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	10,000
	Χ	Business Owners						PERSONAL & ADV INJURY	\$	1,000,000
			-					GENERAL AGGREGATE	\$	2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:	-					PRODUCTS - COMP/OP AGG	\$	2,000,000
		POLICY PRO- JECT LOC							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO						BODILY INJURY (Per person)	\$	
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
									\$	
	Х	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	1,000,000
Α		EXCESS LIAB CLAIMS-MAD	Е		4923252	01/22/2016	01/15/2017	AGGREGATE	\$	1,000,000
		DED X RETENTION\$ 1000	0						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						X WC STATU- TORY LIMITS X OTH- ER			
Α			7 l		492179	01/15/2016	01/15/2017	E.L. EACH ACCIDENT	\$	500,000
			J   N / A					E.L. DISEASE - EA EMPLOYEE	\$	500,000
								E.L. DISEASE - POLICY LIMIT	\$	500,000
				<del></del>						

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

CERTIFICATE HOLDER	CANCELLATION

**Walnut Street Baptist Church** 367 Walnut Street Newark, NJ

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

**WALNUTS**