



ALVES-1

OP ID: LJ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/22/2016

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).

|   |  |                       |
|---|--|-----------------------|
| <b>PRODUCER</b><br>Joseph J Schipsi Inc<br>303 S Kings Hwy Ste5<br>Cherry Hill, NJ 08034<br>Joseph J Schipsi Jr | <b>CONTACT NAME:</b>                       |                       |
|   | <b>PHONE (A/C, No, Ext):</b>               | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br>Top Floor Design Inc<br>225 Cleveland Ave<br>Long Brnach, NJ 07740                            | <b>E-MAIL ADDRESS: nancyalves@live.com</b> |                       |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>       |                       |
|   | <b>INSURER A: Utica National Ins Group</b> |                       |
|   | <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:**

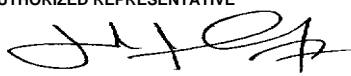
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | GENERAL LIABILITY  | X         | X        | 4922178       | 01/15/2016              | 01/15/2017              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                            |           |          |               |                         |                         | MED EXP (Any one person) \$ 10,000  |
|          | <input checked="" type="checkbox"/> Business Owners  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000   |
|          | AUTOMOBILE LIABILITY   |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$  |
|          | <input type="checkbox"/> ANY AUTO  |           |          |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input type="checkbox"/> HIRED AUTOS   |           |          |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$   |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |           |          |               |                         |                         |   |
|          | <input type="checkbox"/> NON-OWNED AUTOS   |           |          |               |                         |                         |   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB  | X         | X        | B01222016UMB  | 01/22/2016              | 01/15/2017              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input type="checkbox"/> EXCESS LIAB   |           |          |               |                         |                         | AGGREGATE \$ 1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         |   |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ 10000                                     |           |          |               |                         |                         |   |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  | Y/N       | N/A      | 492179        | 01/15/2016              | 01/15/2017              | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    |           |          |               |                         |                         | E.L. EACH ACCIDENT \$ 500,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000   |
|          |  |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000  |

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

Tops Construction Inc included as additional insured on a primary and non-contributory basis including Completed Operations. Policy includes waiver of subrogation in favor of the certificate holder with respect to GL, WC and UMBR policies. Subcontractor agrees to Hold Harmless in favor of the certificate holder. WC coverage applies in NJ & NY.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| <b>TOPSCON</b><br><br>Tops Construction Inc.<br>11 Highland Circle<br>Egg Harbor Twp, NJ 08234 | 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<br>  |

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