



NJM ENTERPRISES, LLC.DBA J W HANDYMAN

ID NUMBER: 11077  
LIC STATUS: ACTIVE  
EXPIRATION DATE: March 31, 2027

35968

BOARD FOR LICENSING CONTRACTORS  
HOME IMPROVEMENT CONTRACTOR

THIS IS TO CERTIFY THAT ALL REQUIREMENTS  
OF THE STATE OF TENNESSEE HAVE BEEN MET

ATTN:NICHOLAS JOHN MAZZONI  
NJM ENTERPRISES, LLC.DBA J W HANDYMAN



# State of Tennessee

BOARD FOR LICENSING CONTRACTORS  
HOME IMPROVEMENT CONTRACTOR  
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IN-1313  
DEPARTMENT OF  
COMMERCE AND INSURANCE



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
BOARD FOR LICENSING CONTRACTORS  
Mailing Address: 500 James Robertson Pkwy., Nashville, TN 37243-1150  
(615) 741-8307 or 800-544-7693 or Fax (615) 532-2868  
<https://www.tn.gov/commerce/regboards/contractors.html>

# TENNESSEE HOME IMPROVEMENT CONTRACTOR'S SURETY BOND

Bond # 66568603

BE IT KNOWN, that we NJM Enterprises, LLC. DBA J W Handyman

(Name as to be on License)

of PO Box 9455, Knoxville, TN 37940

(Mailing and Physical Address)

as principal, and WESTERN SURETY COMPANY

(Name of Surety Company)

as surety, are held and firmly bound unto the State of Tennessee, for the benefit of all owners, as defined by *Tennessee Code Annotated*, Title 62, Chapter 6, undertaken by the principal in the full and just sum of ten thousand dollars (\$10,000.00) for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden principal has applied to the Tennessee Board for Licensing Contractors for a license as a Home Improvement Contractor; and

WHEREAS, under the provisions of Public Chapter 460, Title 62, chapter 6, Section 506 of Tennessee Code Annotated, and as amended, the principal is required to file this bond in order to obtain said license.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, if the above bounden principal shall comply in all respects with Title 62, Chapter 6, of Tennessee Code Annotated, and the regulations promulgated thereto, then this obligation shall be void otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond may not be construed to require the surety to be responsible for the completion of any home improvement contract entered into by the principal on this bond.

PROVIDED, FURTHER, this bond may not be construed to require the surety to be responsible for damages arising from any breach of a home improvement contract, if such contract was entered into after the inactivation, expiration or revocation of the contractor's license.

This bond shall become effective on the 7th day of March, 2023, and shall be continuous; however, each annual renewal period or portion thereof shall constitute a new bond term. Regardless of the number of years this bond may remain in force, the liability of the surety SHALL not be cumulative, and the aggregate liability of the surety for any and all claims, suit or action under this bond shall not exceed the sum of \$10,000.00. The surety may cancel this bond by giving thirty (30) days notice to the Tennessee Board for Licensing Contractors and principal by certified mail of such cancellation, it being understood that surety shall not be relieved of liability that may have accrued under this bond prior to the date of cancellation.

Witness our hands and official seals this 7th day of March, 2023.

WESTERN SURETY COMPANY

NJM Enterprises, LLC. DBA J W Handyman

NAME OF COMPANY (As to be Licensed)

\*X Nicholas J. Mays

SIGNATURE OF PRINCIPAL (Contractor)

BY Paul T. Bruflat  
NAME OF SURETY Paul T. Bruflat,  
Vice President

101 S. Reid St., Ste. 300  
Sioux Falls, SD 57103-7046

ADDRESS OF SURETY

DATE: March 7th, 2023

T/F Support Services Corporation  
NAME OF SURETY AGENT

SIGNATURE OF SURETY AGENT

Attn: Property Brokerage Dept P. O.  
Box 307, Columbia, TN 38402-0307  
ADDRESS OF SURETY AGENT



THIS BOND IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC CHAPTER 460; OF TENNESSEE CODE ANNOTATED. SHOULD THERE BE ANY CONFLICT WITH THE TERMS THEREOF, AND THE STATUTE, THE STATUTE OR REGULATION SHALL PREVAIL. (POWER OF ATTORNEY FROM AN APPROVED INSURANCE COMPANY MUST BE ATTACHED.)

Clear Form

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
**03-17-2025**

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 have ADDITIONAL INSURED provisions or 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 <b>Clint Cagle, Agent</b> <b>Dandridge Farm Bureau Insurance</b> <b>716 Justice Center Drive</b> <b>Dandridge TN 37725</b>	CONTACT NAME: <b>Susan Dunning, CSR</b>	
	PHONE (A/C, No, Ext): <b>865-397-3117</b>	FAX (A/C, No): <b>865-397-9224</b>
	E-MAIL ADDRESS: <b>susan.dunning@fbttn.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>TENNESSEE FARMERS MUTUAL INSURANCE COMPANY</b>	<b>15245</b>
INSURED <b>NJM Enterprises, LLC.</b> <b>DBA J W Handyman</b> <b>PO Box 9455</b> <b>Knoxville TN 37940-0455</b>	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE \$ <b>1,000,000</b>
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
	<b>PERSONAL LIABILITY</b>	<b>X</b>	<b>X</b>	<b>3120451</b>	<b>11/01/2024</b>	<b>11/01/2025</b>	MED EXP (Any one person) \$ <b>5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>2,000,000</b>
	OTHER:						PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	<b>AUTOMOBILE LIABILITY</b>						
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$ <b>50,000</b>
	HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$ <b>100,000</b>
							PROPERTY DAMAGE (Per accident) \$ <b>50,000</b>
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
	<b>WATERCRAFT LIABILITY</b>						EACH OCCURRENCE \$
							MED EXP (Any one person) \$

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

**CERTIFICATE HOLDER****CANCELLATION**

**State of Tennessee**  
**Department of Commerce & Insurance**  
**Board for Licensing Contractors (Home improvement)**  
**500 James Robertson Pkwy**  
**Nashville TN 37243-1150**

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 K. Dunning, CSR*

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