



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**CURRENT DATE**

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  INSURANCE AGENT/BROKER NAME INSURANCE AGENT/BROKER STREET ADDRESS INSURANCE AGENT/BROKER CITY/STATE/ZIP CODE	CONTACT NAME: INSURANCE AGENT/BROKER REP NAME	
	PHONE (A/C, No, Ext): INSURANCE AGENT/BROKER CONTACT #	FAX (A/C, No):
	E-MAIL ADDRESS: INSURANCE AGENT/BROKER EMAIL ADDRESS	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : (Insurance Company A) (AM Best Rated A VIII) #####	
	INSURER B : (Insurance Company B) (AM Best Rated A VIII) #####	
INSURED  VENDOR NAME VENDOR ADDRESS VENDOR CITY, STATE, ZIP CODE	INSURER C : (Insurance Company C) (AM Best Rated A VIII) #####	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number	Effective	Expiration	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number	Effective	Expiration	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A	Policy Number	Effective	Expiration	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	MISC. RENTED EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Effective	Expiration	\$5,000,000 Limit \$2,500 Deductible Per Loss
C	PROPS/SETS/WARDROBE	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Effective	Expiration	\$1,000,000 Limit \$2,500 Deductible Per Loss
	THIRD PARTY PROPERTY DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number	Effective	Expiration	\$1,000,000 Limit \$1,500 Deductible Per Loss

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

ADDITIONAL INSURED: EVERYTHING PROPS NJ, LLC., 1 CAPE MAY ST., FLOOR 2, HARRISON, NJ 07029.

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY, AND UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY WITH RESPECT TO THEIR AGREEMENT WITH THE NAMED INSURED. WHERE REQUIRED BY CONTRACT, THESE POLICIES ARE PRIMARY & NON-CONTRIBUTORY TO ANY INSURANCE CARRIED OR MAINTAINED BY THE ADDITIONAL INSURED.

**CERTIFICATE HOLDER**EVERYTHING PROPS, LLC and all members  
28 Lane Gate Rd  
Cold Spring, NY 10516**CANCELLATION**

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

\*\*\*MUST BE SIGNED\*\*\*

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