NALVARADO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/27/2020

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

Otte	DUCER Instedt Insurance Agency Inc.			LUNTACT Jacquel	ine Lindsav	1				
540	rstedt insurance Agency Inc.	PRODUCER				CONTACT Jacqueline Lindsay				
Eng	Sylvan Avenue		PHONE (A/C, No, Ext): (908) 852-0612 FAX (A/C, No): (908) 847-0351 , EMDRESS: Jlindsay@otterstedt.com							
	lewood Cliffs, NJ 07632									
3			INSURER(\$) AFFORDING COVERAGE NAIC #				NAIC#			
				INSURER A : Great American				16691		
INSURED				INSURER B : Kinsale Insurance Co				38920		
Express Air Freight Unlimited				INSURER C:						
Dolores Imbriale 147-20 184th Street Jamaica, NY 11413-4043				INSURER D :						
				INSURER E :				0		
				INSURER F:						
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:						
TH IN CE	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH I	S OF INS EQUIREME PERTAIN, POLICIES	URANCE LISTED BELOW ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC BEEN REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	RED NAMED ABOVE FO R DOCUMENT WITH RE BED HEREIN IS SUBJEC	R THE P	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	200	MITS			
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	S	1,000,000		
	CLAIMS-MADE X OCCUR		PAC1947241	5/28/2020	5/28/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000		
						MED EXP (Any one person)	s	5,000		
=						PERSONAL & ADV INJURY	S	1,000,000		
mo.	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				**	GENERAL AGGREGATE	S	2,000,000		
						PRODUCTS - COMP/OP AC		2,000,000		
200	OTHER:					Emp Benefits	S	1,000,000		
Α	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	3	1,000,000			
	ANY AUTO OWNED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY		PAC1947241	5/28/2020	5/28/2021		S	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			FAC 1547241	5/26/2020	3/20/2021	BODILY INJURY (Per perso				
						PROPERTY DAMAGE (Per accident)	int) S	+ (0) 4-		
							S			
Α	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	1,000,000		
- 1	EXCESS LIAB CLAIMS-MADE		PAC1947242	5/28/2020	5/28/2021	AGGREGATE	s	1,000,000		
	DED X RETENTIONS 10,000					A STATE OF THE STA	5			
i	WORKERS COMPENSATION AND EMPLOYERS LIABILITY					PER OTH				
		N/A				E.L. EACH ACCIDENT	s			
	(Mandatory in NH)	N/A				E L DISEASE - EA EMPLO	EE S			
3	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIN				
	Property - Spec Form		PAC1947241	5/28/2020	5/28/2021	BPP/\$2,500 Ded.	1	75,000		
В	Excess Umbrella		0100116225-0	5/28/2020	5/28/2021	Each Occurrence/Ag	g.	3,000,000		
B DESC Name	. , .	ES (ACORD	0100116225-0 101, Additional Remarks Schedu	5/28/2020	5/28/2021	Each Occurrence/Ag	g.			
CERTIFICATE HOLDER				CANCELLATION						
e 9				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	e <sup>e</sup>			AUTHORIZED REPRESE	NTATIVE	311-11-11-11				