

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/11/2024

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).

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PRODUCER					CONTACT Kayla Silva						
The Branna Agency					1 =				554-0242		
1376 US Highway 22					(A/C, NO).						
PO Box 1170					INSURER(S) AFFORDING COVERAGE				NAIC #		
Mountainside NJ 07092					INSURER A : Evanston					35378	
INSURED					INSURER B: State Farm Idemnity Company				43796		
Monk's Home Improvement, Inc.					INSURER C: NJ Casualty ins CO.				12112		
10 Anderson Hill Road				INSURER D :							
					INSURER E :						
Bernardsville				NJ 07924	INSURER F:						
			ΔTF	NUMBER: 24-25	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					N REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY								\$ 2,00	0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
А						05/02/2024	05/02/2025	MED EXP (Any one person)	\$ 5,00	0	
				2AA405569				PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 4,00	0,000	
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
В	X ANY AUTO			228 5436 303 9ZZ		06/30/2024	06/30/2025	BODILY INJURY (Per person)	\$ 1,000,000		
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$ 1,00	0,000	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$ 1,00	0,000	
	Maradanii Maradanii							H	\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE								\$		
	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
С	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			W20770 0 04		00/40/0004	06/18/2025	E.L. EACH ACCIDENT	_{\$} 1,00	0,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		W38772-0-24		06/18/2024	06/16/2025		\$ 1,00	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 1,00	0,000	
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
	PTIEICATE HOLDER				CANO	ELL ATION					
CERTIFICATE HOLDER CANCELLA											
	Monk's Franchising/Monk's Ho	oroven	EXPIRATION D	ATE THEREOF	SCRIBED POLICIES BE CAN F, NOTICE WILL BE DELIVERI Y PROVISIONS.		BEFORE				

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1095 Mount Kemble Ave

Morristown

NH 07960

AUTHORIZED REPRESENTATIVE