

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/21/2020

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 be endorsed. If SUBROGATION IS WAIVED, subject to

certificate holder in lieu of such endorsement(s).								
PRODUCE	R J. PAPPAS INSURANCE AG	ENCY	CONTACT Marina Bollano					
	9 Canterbury Drive		PHONE (A/C, No, Ext):	FAX (A/C, No):				
	North Caldwell, NJ 07006		E-MAIL ADDRESS: insurance@jpappas.com					
			INSURER(S) AFFORDING COVERAGE	NAIC #				
			INSURER A: Insurance A					
INSURED	Sample LLC t/a Sample Acc	ount	INSURER B: Insurance B					
	Sample Address Sample City, NJ 07110		INSURER C: Insurance C					
	Campic City, 140 07 110		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 SUBR INSD WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)	LIMITS				

	NSR ADDLISUBRI POLICY EFF POLICY EXP								
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
Α	X	COMMERCIAL GENERAL LIABILITY	X	×	9999999	2/21/2020	2/21/2021	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
								MED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	Χ	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY	X	×	999999	2/21/2020	2/21/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
В	X	ANY AUTO				2/2 1/2020	2/21/2021	BODILY INJURY (Per person)	\$0
		ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$ 0
Α	. ,	HIRED AUTOS NON-OWNED AUTOS	x	X	99999999	2/21/2020	2/21/2020	PROPERTY DAMAGE (Per accident)	\$0
					355555				\$
	X	UMBRELLA LIAB X OCCUR	×	×				EACH OCCURRENCE	\$ 2,000,000
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 2,000,000
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER X OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE				9999999	2/21/2020	2/21/2021	E.L. EACH ACCIDENT	\$ 1,000,000
ľ	(Man	idatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

Maybrook Management, [Insert name of Landlord of your complex], their affiliates and related entities are listed as an additional insured as per written agreement.

Waiver of Subrogation as required by written agreement.

Additional Insured for Completed Operations as required by written contract or agreement.

CERTIFICATE HOLDER	CANCELLATION			
Maybrook Management LLC 401 Pleasant Valley Way Suite #3 West Orange, NJ 07052	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			
1	Ioannis Papatherapontos			