

BMARROQUIN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/15/2023

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.

lf ti	SUI nis c	BROGATION IS WA ertificate does not co	IVED, subject	ct to	the cert	terms and conditions of ificate holder in lieu of su	the po	licy, certain lorsement(s)	policies may	require an en	dorsemen	t. As	statement on	
PRODUCER Neefus Stype Agency 711 Union Ave. Aquebogue, NY 11931								CONTACT NAME:						
								PHONE (A/C No Eyt): (631) 722-3500 FAX (A/C No):((631)	722-3591	
								E-MAIL ADDRESS: info@nsainsure.com						
								INSURER(S) AFFORDING COVERAGE					NAIC#	
								INSURER A : New York Marine and					16608	
								INSURER B : Starstone National Insurance 254						
								INSURER C:						
Arborpolitan Inc. PO Box 310754							INSURER D :							
		Brooklyn, NY 1												
							INSURER E : INSURER F :							
COVERAGES CERTIF						E NIIMDED.								
				RTIFICATE NUMBER:			REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
						ENT, TERM OR CONDITION								
С	ERTI	IFICATE MAY BE ISSU	JED OR MAY	PER	TAIN,	, THE INSURANCE AFFOR	DED BY	THE POLICE	IES DESCRIB					
EXCLUSIONS AND CONDITIONS OF SUCH					POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP									
LTR	TYPE OF INSURANCE			ADDL SUI		POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		S	1,000,000	
A	X	COntractual lia Blanket Al EN'L AGGREGATE LIMIT APPLIES PER:						3/7/2023	3/7/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)		\$		
						GL202300013491						\$	100,000	
	X									MED EXP (Any one person)		\$	5,000	
	X									PERSONAL & ADV INJURY		\$	1,000,000	
										GENERAL AGGREGATE		\$	2,000,000	
	X											\$	2,000,000	
												\$		
В	AUT	AUTOMOBILE LIABILITY								(Ea accident)	-E LIMI I	\$		
		ANY AUTO OWNED AUTOS ONLY AUTOS HIRE AUTOS ONLY AUTOS ONLY AUTOS ONLY								BODILY INJURY (I	Per person)	\$		
												\$		
	X									PROPERTY DAMAGE (Per accident)		\$		
												\$		
		UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			85296R237ALI			3/7/2023	3/7/2024	EACH OCCURRENCE \$		\$	1,000,000	
							AGGREGATE			\$				
	DED RETENTION\$											\$	1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY									PER STATUTE	OTH- ER			
	ANY	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCID		\$		
	(Mar			N/A						E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - PO		\$		
DES	CRIPT	TION OF OPERATIONS / LOC	CATIONS / VEHICI	LES (ACORE	D 101, Additional Remarks Schedu	ıle. mav b	e attached if mor	e space is requi	red)				
				•		,				•				
CE	RTIF	FICATE HOLDER					CANCELLATION							
Proof of insurance														
							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
							AUTHO	RIZED REPRESE	NTATIVE					
							D. A. A							