

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/17/2023

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.

this certificate does not confer rights to the certificate holder in lieu of supercolored License # 8041621 Rue Insurance 3812 Quakerbridge Road Hamilton, NJ 08619 INSURED Troller Electric, LLC 43 Cindy Lane Ocean, NJ 07712					CONTACT NAME: PHONE (A/C, No, Ext): (609) 586-7474 E-MAIL ADDRESS; CIMAII@RUEINSURANCE.com INSURER(S) AFFORDING COVERAGE NAIC #										
											RA: Hartford				29424
											RB:	a mbarano			20424
					RC:										
					INSURER D:										
					INSURER E ;										
					INSURER F:										
					COVERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER: 1			
					THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	REMI TAIN, CIES.	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED B	NY CONTRAC THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPI BED HEREIN IS SUBJECT :	ECT TO	WHICH THIS	
INSR TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	r\$							
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$							
							MED EXP (Any one person)	\$							
		-					PERSONAL & ADV INJURY	\$							
GEN'L AGGREGATE LIMIT APPLIES PER:						٠	GENERAL AGGREGATE	\$	· ·						
POLICY PRO- OTHER:		. :					PRODUCTS - COMP/OP AGG	\$	<u>, 1, , , , , 1, 1, 1, 1, 1, 1, 1, 1, 1, </u>						
AUTOMOBILE LIABILITY		. :		*	:	٠.	COMBINED SINGLE LIMIT (Ea accident)	\$							
ANY AUTO							BODILY INJURY (Per person)	\$							
OWNED SCHEDULED AUTOS ONLY			100 miles				BODILY INJURY (Per accident)	\$	•						
HIRED AUTOS ONLY AUTOS ONLY			,			,	PROPERTY DAMAGE (Per accident)	\$							
	ļ							\$							
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$							
EXCESS LIAB CLAIMS-MADE	1					-	AGGREGATE	\$							
A WORKERS COMPENSATION		 					X PER OTH-	\$							
AND EMPLOYERS' LIABILITY			13WECAN4B7E		8/20/2023	8/20/2024			1,000,000						
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	\$	1,000,000						
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	a	1,000,000						
DESCRIPTION OF STEVEN SCIENT							E.L. DIGEAGE -FOLIOT CIVIT								
	<u>.</u>														
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC LLC Members excluded under the Workers	Com	pens	D 191, Additional Remarks Schedi ation policy.	ile, may k	e attached if mor	e space is requi	red)								
Description:															
HCESC-SER – 21 Electrical Time and Mater HCESC-SER-23-05	ial														
•	-														
CERTIFICATE HOLDER					CANCELLATION										
							FOODINGS DOLLOWS SE	ANO	LED DESCRE						
Hunterdon County Educational Services Commission 37 Hoffmans Crossing Road Califon, NJ 07830					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
					RIZED REPRESE										