

RSANTOS

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 4/16/2024

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.

	f SUBROGATION IS WAIVED, subjec his certificate does not confer rights to				ıch enc	lorsement(s)		require an e	ndorsemer	nt. As	tatement on	
PRC	DDUCER	CONTACT NAME:										
T.E. Freuler Agency Inc. 270 Davidson Ave Suite 101 Somerset, NJ 08873 INSURED Kates Hair Boutique						PHONE (A/C, No, Ext): (732) 246-1330 FAX (A/C, No): (732) 560-0026						
						E-MAIL ADDRESS: tefreuler@tefreuler.com						
						INSURER(S) AFFORDING COVERAGE						
						INSURER A: Norfolk & Dedham Group					NAIC #	
						INSURER B:						
						INSURER C:						
	418 County Road 601					RD:						
	Belle Mead, NJ 08502					INSURER E :						
					INSURER F:							
CO	OVERAGES CERT	CATE	NUMBER:	REVISION NUMBER:								
II C	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH F	EQUI PER	REME TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	NY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT ED HEREIN IS	WITH RESP	ECT TO	O WHICH THIS	
INSR LTR			SUBR WVD			POLICY EFF	POLICY EXP (MM/DD/YYYY)					
A	X COMMERCIAL GENERAL LIABILITY	INOD				(WINDD/1111)	(MIM/DD/1111)	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			V2494585A		4/15/2024	4/15/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	50,000	
							 -	MED EXP (Any	one person)	\$	5,000	
								PERSONAL & A	DV INJURY	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									\$	2,000,000	
	X POLICY PRO-							PRODUCTS - C	OMP/OP AGG	\$	2,000,000	
	OTHER:							COMBINED SIN	IGLE LIMIT	\$		
	AUTOMOBILE LIABILITY							(Ea accident)		\$		
	ANY AUTO OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY		\$		
								BODILY INJURY PROPERTY DA				
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$		
	UMPREU ALIAR GOOUR									\$		
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURR	RENCE	\$		
	DED RETENTION\$							AGGREGATE		\$		
								PER	OTH- ER	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE		•		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACC		\$		
If yes, describe under								E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE -	POLICY LIMIT	\$		
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (/	ACORD	101 Additional Remarks School	ıla may h	e attached if mor	a enaca ie raquir	od)				
DEG	JOHN HON OF OF ENAMENO, ESCATIONS, VEHICL	(,	TOOKE	101, Additional Nemarks Conedi	ile, illay b	e attached il moi	e space is requir	cuj				
CE	RTIFICATE 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.						