



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2021

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).

<b>PRODUCER</b> SB One Insurance Agency Inc 96 US Highway 206 PO Box 4 Augusta NJ 07822	<b>CONTACT NAME:</b> Samantha Place <b>PHONE (A/C, No, Ext):</b> (973) 579-6776 <b>E-MAIL ADDRESS:</b> splace@sboneinsurance.com	<b>FAX (A/C, No):</b> (973) 579-0111
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Stewart Builders, LLC & Stewart Environmental Remediation Limited 33 West Springtown Road Long Valley NJ 07853	<b>INSURER A:</b> Starstone Specialty Insurance Company <b>NAIC #:</b> 44776	
	<b>INSURER B:</b> Selective Casualty Insurance Company <b>NAIC #:</b> 14376	
	<b>INSURER C:</b> Continental Indemnity Co	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 2021-2022 Master

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	H77871210AEM	08/17/2021	08/17/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	S 1757990	04/14/2021	04/14/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	H77873210AEM	08/17/2021	08/17/2022	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N	N/A		46-074361-01-10	04/14/2021	04/14/2022	PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
	Contractors Equipment Rented/Leased Equipment			S 1757990	04/21/2021	04/14/2022	Scheduled \$102,000 Un-Scheduled \$165,000 Deductible \$500

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

Certificate Holder is included as an Additional Insured to the above captioned General Liability, Business Auto, and Umbrella Policies on a primary and non-contributory basis for work the insured is performing provided a written contract exists requiring such a status. Per the terms of the policy, coverage for an additional insured is contingent upon an underlying written agreement with the named insured requiring such coverage. Waiver of subrogation applies to the above policies except for Workers Compensation. Member is Included in WC Coverage.

**CERTIFICATE HOLDER****CANCELLATION**

\*\*\*\*Evidence 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.

AUTHORIZED REPRESENTATIVE

*Samantha Place*

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

# ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

AGENCY SB One Insurance Agency Inc		NAMED INSURED Stewart Builders, LLC & Stewart Environmental Remediation Limited Liability	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** 25      **FORM TITLE:** Certificate of Liability Insurance: Notes

Contractors Pollution Each Pollution Condition: \$1,000,000  
 Contractors Pollution Liability Aggregate: \$2,000,000  
 Transportation Pollution Liability Each Pollution Event: \$1,000,000  
 Transportation Pollution Liability Aggregate: \$2,000,000  
 Professional Liability Each Wrongful Act: \$1,000,000  
 Professional Liability Aggregate: \$2,000,000  
 Environmental Impairment Liability Each Pollution Condition: \$1,000,000  
 Environmental Impairment Liability Aggregate: \$1,000,000

Deductible for General Liability Each Occurrence: \$500  
 Deductible Contractors Pollution Liability Each Pollution Condition: \$5,000  
 Deductible Transportation Pollution Liability Each Pollution Event: \$5,000  
 Deductible Professional Liability Each Wrongful Act: \$5,000  
 Deductible Environmental Impairment Liability Each Pollution Condition: \$5,000