

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/17/2023

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.

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 fled of such endorsement(s).							
PRODUCER			CONTACT S	Samantha Place			•
Provident Protection Plus Incorporated			PHONE (A/C, No, Ext):	HONE (973) 579-6776 FAX (A/C, No): (973) 579-011			79-0111
96 US Highway	y 206		E-MAIL ADDRESS: S	amantha.place@ProvidentProtectionPlus	.com		
PO Box 4				INSURER(S) AFFORDING COVERAGE			NAIC #
Augusta		NJ 07822	INSURER A:	Starstone Specialty Insurance Company			44776
INSURED			INSURER B :	Selective Casualty Insurance Company			14376
Stewart Builders, LLC & Stewart Environmental Remediation Limited			INSURER C :	Continental Indemnity Co			28258
	33 West Springtown Road		INSURER D :				
			INSURER E :				
	Long Valley	NJ 07853	INSURER F:				
COVERAGES	CERTIFICATE NUMBE	FR· 2023-2024		REVISION NUM	BFR.		

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.

ISR TR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3
	×	CLAIMS-MADE OCCUR				<i>(,</i>		DAMAGE TO RENTED	\$ 1,000,000 \$ 50,000
								MED EXP (Any one person)	\$ 10,000
4			Υ	Y	H77871232AEM	08/17/2023	08/17/2024	PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- POLICY LOC							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:							\$ 1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
3		OWNED SCHEDULED AUTOS ONLY AUTOS	Υ	Υ	S 1757990	04/14/2023	04/14/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								Endorsement premium	\$
	X	UMBRELLA LIAB X OCCUR						27.01.00001.112.1102	\$ 5,000,000
٩		EXCESS LIAB CLAIMS-MADE	Υ	Y	K87850232AEM	08/17/2023	08/17/2024	AGGREGATE	\$ 5,000,000
		DED RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY C ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								➤ PER OTH-ER	
		N/A		46-074361-01-13	04/14/2023	04/14/2024	E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
Contractors Equipment Rented/Leased Equipment							Scheduled	\$466,100	
				S 1757990	04/14/2023	04/14/2024	Unscheduled	\$350,000	
							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
	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

AGENCY	CUSTOMER ID:	00031003
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LOC #:

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED		
Provident Protection Plus Incorporated	Stewart Builders, LLC & Stewart Environmental Remediation Limited Liability		
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

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	y Insurance: No	ites				
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 Occurence: \$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: \$	1					