



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2022

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><br>Phoenix-Alliant Insurance Services, Inc.<br>2415 E Camelback Rd Ste 950<br>Phoenix AZ 85016                       | <b>CONTACT NAME:</b> Lorie Kelliipaakau<br><b>PHONE (A/C No. Ext):</b> 949-260-5052<br><b>E-MAIL ADDRESS:</b> phxcsgcerts@alliant.com | <b>FAX (A/C, No):</b>  |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                        |
| <b>INSURED</b><br>North Jersey Pool Management, LLC<br>dba American Pool Management<br>414 Airport Executive Park<br>Nanuet NY 10954 | <b>INSURER A:</b> Old Republic Insurance Company  | <b>NAIC #</b><br>24147 |
|  | <b>INSURER B:</b> Federal Insurance Company   | 20281                  |
|  | <b>INSURER C:</b> Lexington Insurance Company   | 19437                  |
|  | <b>INSURER D:</b> Navigators Insurance Company  | 42307                  |
|  | <b>INSURER E:</b> Westchester Surplus Lines Insu  | 10172                  |
|  | <b>INSURER F:</b> ACE American Insurance Company  | 22667                  |

**COVERAGES**

CERTIFICATE NUMBER: 1408696982

REVISION NUMBER: 1

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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Contractual Liab<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y         | Y        | MWZY 317073                                      | 10/25/2022                             | 10/25/2024                             | EACH OCCURRENCE \$ 4,500,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ EXCLUDED<br>PERSONAL & ADV INJURY \$ 4,500,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 5,000,000<br>\$ |
| B        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y         | Y        | 54309825   | 10/25/2022                             | 10/25/2023                             | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| C        | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          | 80878032   | 10/25/2022                             | 10/25/2023                             | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$  |
| F        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br>N  | N/A      | 54309827   | 10/25/2022                             | 10/25/2023                             | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| D<br>E   | Excess of Auto Liability<br>Excess of CGL/Auto/EL<br>Excess of CGL/Auto/EL   |           |          | SF22EXC7613611V<br>G71835388 003<br>XLXD5894400S | 10/25/2022<br>10/25/2022<br>10/25/2022 | 10/25/2023<br>10/25/2023<br>10/25/2023 | Each Auto Event 4,000,000<br>Each Occurrence & Agg 5,000,000<br>Each Occurrence & Agg 5,000,000   |

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

COMMERCIAL GENERAL LIABILITY as required by written contract or agreement: Certificate Holder and any other person or organization are included as Additional Insured; coverage applies on a primary and non-contributory basis; Waiver of Subrogation applies.

AUTOMOBILE LIABILITY as required by written contract or agreement: Certificate Holder and any other person or organization are included as Additional Insured; coverage applies on a primary and non-contributory basis; Waiver of Subrogation applies.

WORKERS COMPENSATION as required by written contract or agreement: Waiver of Subrogation applies.

See Attached...

**CERTIFICATE HOLDER**

Corner Property Management  
 Attn: Compliance Coordinator  
 11 Cleveland Place  
 Springfield NJ 07081

**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

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