

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/28/2022

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)

	f SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A stateme	it on	
this certificate does not confer rights to the certificate holder in lieu of such						CONTACT Jaima Bautlar				
						NAME:				
The Branna Agency 1376 US Highway 22						(A/C, No, Ext): (A/C, No): (CCC) CC T CE TE				
	• ,				ADDRES	SS:	^ /////			
PO Box 1170						INSURER(S) AFFORDING COVERAGE			NAIC #	
Mountainside NJ 07092						INSURER A: Selective Fire & Casualty Insurance Company				
INSURED						INSURER B:				
TOTAL HOME SERVICES LLC D/B/A TO				AL HOME CLEANING	INSURER C:					
	31 CHATHAM RD					INSURER D :				
						INSURER E :				
SUMMIT			NJ 07901-1312			INSURER F:				
CO	VERAGES CER	ΓΙFΙC	ATE	NUMBER: 22-23				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 ADDL SUBR					POLICY EFF POLICY EXP					
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		\sim	
	CLAIMS-MADE CCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$	$\langle \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	
Α		Υ		S 238		09/27/2022	09/27/2023	PERSONAL & ADV INJURY \$	$\langle \rangle \langle \rangle$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	$\langle \rangle \langle \rangle$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$		
	OTHER:							\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	$\Diamond \Diamond \Diamond \Diamond \Diamond$	
	X ANY AUTO							BODILY INJURY (Per person) \$		
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			S 238		09/27/2022	09/27/2023	BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
	AUTOS ONLY AUTOS ONLY							Uninsured motorist \$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							**************************************		
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								- ' - '	-	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT \$		
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
DEG	CODIDTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPD 4	01 Additional Pomarke Schodulo	may bo at	ttached if more cr	aco is roquirod)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The portificate helder is listed as Additional legurade in accordance with the policy terms and conditions.										
The certificate holder is listed as Additional Insureds in accordance with the policy terms and conditions.										
CERTIFICATE HOLDER CANCELLATION										
Coastar, Inc. Attn:						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
I A						AUTHORIZED REPRESENTATIVE				
Rear Building					CR _					
ı	Summit			NJ 07901				> 16 —		