

CERTIFICATE OF LIABILITY INSURANCE

02/13/2025

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).

| CONTACT | Michael Jordan |

StateFarm		MICHAEL JORDAN, Agent				PHONE (A/C, No, Ext): 609-702-1200 FAX (A/C, No): 609-702-1222				
State Farm Insurance Co		omp	ompanies			E-MAIL ADDRESS: michael.jordan.g0h6@statefarm.com				
103 Wills Avenue; POB			497			INSURER(S) AFFORDING COVERAGE				NAIC #
Rancocas, NJ 08073						INSURER A : State Farm Fire and Casualty Company				25143
INSU	RED					INSURER B:				
National Coalition of 100 Blad				ck Women			INSURER C :			
Central New Jersey Chapter						INSURER D :				
PO Box 901						INSURER E :				
Asbury Park, NJ 07712-0901						INSURER F:				
				TIFICATE NUMBER:			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. INSRI										
LTR	TYPE OF INSURANCE		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	Х сомм	ERCIAL GENERAL LIABILITY								00,000
	c	LAIMS-MADE X OCCUR							DAMAGE TO RENTED \$ 300	,000
									MED EXP (Any one person) \$ 5,0	00
					90-C1-N647-2 F		01/19/2025	01/19/2026	PERSONAL & ADV INJURY \$	
	GEN'L AGG	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 4,0	00,000
	X POLICY	Y PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER	R							\$	
	AUTOMOBIL	E LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY A	OTU							BODILY INJURY (Per person) \$	
	OWNE								BODILY INJURY (Per accident) \$	
	HIRED	NON-OWNED							PROPERTY DAMAGE (Per accident) \$	
		NOVO ONE							s s	
	UMBRE	ELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCES								AGGREGATE \$	
	DED	RETENTION \$							s	
		COMPENSATION							PER OTH- STATUTE ER \$	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$	
		and at Environte polon								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										
Kawameeh Middle School, 490 David Terrace, Union, NJ 07083										
CERTIFICATE HOLDER CANCELLATION										0
CERTIFICATE HOLDER CANÇELLATION										
Union School District, Union, NJ 2369 Morris Avenue						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
		Jnion, NJ 07083				AUTHORIZED REPRESENTATIVE				
						Whichael prolan				
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