

# CERTIFICATE OF LIABILITY INSURANCE

**ISSUING DATE (MM/DD/YYYY)**

01/08/2024

THIS CERTIFICATE ISSUED IS FOR INFORMATION PURPOSES ONLY. IT PROVIDES NO RIGHTS TO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER OR EXTEND COVERAGE PROVIDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CARRIER AFFORDING COVERAGE AND THE CERTIFICATE HOLDER.

A STATEMENT ON THIS CERTIFICATE DOES NOT PROVIDE RIGHTS TO THE CERTIFICATE HOLDER FOR THE FOLLOWING UNLESS THE APPLICABLE ENDORSEMENTS ARE ATTACHED TO THE POLICY(IES) LISTED BELOW

**ADDITIONAL INSURED/ALTERNATE EMPLOYER/WAIVER OF SUBROGATION/PRIMARY & NON-CONTRIBUTORY/NOTICE OF CANCELLATION:** THE POLICY(IES) MUST HAVE THE NECESSARY ENDORSEMENT(S) TO MODIFY TERMS AND CONDITIONS.

<b>INSURED:</b> Casino Parties Inc See Additional Remarks Schedule 823 KINGSTON DR CHERRY HILL, NJ 08034	<b>INSURANCE CARRIER AFFORDING COVERAGE:</b>	<b>NAIC #</b>
	GENERAL LIABILITY:	
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company
	UMBRELLA LIABILITY:	
	WORKERS COMP:	
		12122

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY) - (MM/DD/YYYY)	LIMITS OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> OCCURRENCE  GENERAL AGGREGATE LIMIT APPLIES: <input type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT			EACH OCCURRENCE                      \$ DAMAGE TO RENTED PREMISES (Each Occurrence)                      \$ MED EXP (Any One Person)                      \$ PERSONAL & ADV INJURY                      \$ GENERAL AGGREGATE                      \$ PRODS - COMP/OPS AGG                      \$
<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	1104791447 CAGM	11/07/2023 - 11/07/2024	COMBINED SINGLE LIMIT (Each accident)                      \$ 1,000,000 BODILY INJURY (Per Person)                      \$ BODILY INJURY (Per Accident)                      \$ PROPERTY DAMAGE (Per accident)                      \$
<b>UMBRELLA LIABILITY</b>  <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION                      \$			EACH OCCURRENCE                      \$ AGGREGATE                      \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT                      \$ E.L. DISEASE-EACH EMPLOYEE                      \$ E.L. DISEASE-POLICY LIMIT                      \$ PER STATUTE

SEE ATTACHED ADDITIONAL REMARKS SCHEDULE FOR DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

<b>CERTIFICATE HOLDER</b> Please provide name & address for certificate holder	<b>ADDITIONAL INSURED (IF APPLICABLE)</b>		
	ADDL INSURED OR ALTERNATE EMPLOYER	WAIVER OF SUBROGATION	PRIMARY & NON-CONTRIBUTORY
	<input type="checkbox"/> CGL <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> WC (ALT. EMPLOYER) <input type="checkbox"/> UMB	<input type="checkbox"/> CGL <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> WC <input type="checkbox"/> UMB	<input type="checkbox"/> CGL <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> N/A WC <input type="checkbox"/> UMB NON-CONTRIB

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE CAPTIONED POLICIES BE CANCELLED, EITHER BY REQUEST OF THE INSURED OR CARRIER, PRIOR TO THE EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS, CONDITIONS & PROVISIONS

  
 AUTHORIZED REPRESENTATIVE

## ADDITIONAL REMARKS SCHEDULE

<b>INSURED:</b> Casino Parties Inc 823 KINGSTON DR CHERRY HILL, NJ 08034	<b>INSURANCE CARRIER AFFORDING COVERAGE:</b>	<b>NAIC #</b>
	GENERAL LIABILITY:	
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company
	UMBRELLA LIABILITY:	
	WORKERS COMP:	

SCHEDULE OF NAMED INSURED(S):		
POLICY NUMBER	LINE OF BUSINESS	NAMED INSURED
	Commercial General Liability	
1104791447	Automobile Liability	Casino Parties Inc
	Umbrella Liability	
	Workers Compensation And Employers' Liability	

**ADDITIONAL REMARKS:**

The Following Pertains to Commercial Auto Coverage Only

Additional Insured:  
 IT IS AGREED THAT ANY PERSON OR ORGANIZATION REQUIRED TO BE NAMED UNDER A WRITTEN CONTRACT OR WRITTEN AGREEMENT IS AN ADDITIONAL INSURED FOR LIABILITY COVERAGE UNDER THE TERMS OF THE REFERENCED POLICY, BUT INCLUSION OF SUCH INTEREST DOES NOT INCREASE THE LIMITS OF OUR LIABILITY.

Waiver:  
 WE WAIVE SUBROGATION IN FAVOR OF ANY PERSON OR ORGANIZATION FOR WHO THE INSURED HAS AGREED TO REFRAIN FROM SUCH ACTION PURSUANT TO THE TERMS OF A WRITTEN CONTRACT OR AGREEMENT.

Primary & Non-contributory:  
 THIS POLICY CONTAINS AN ENDORSEMENT FOR PRIMARY AND NON-CONTRIBUTORY LIABILITY COVERAGE.