						O	RGAN-1	-		OP ID: LR	
ACORD <sup>®</sup> CERTIFICATE OF LIA					BILITY INSURANCE				DATE (MM/DD/YYYY)		
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).											
PRODUCER 973-701-0066					CONTACT NAME:						
Barry Paul Rose Ins Agency 24 Robin Hood Lane					PHONE (A/C, No, Ext): 973-701-0066 FAX (A/C, No): 973-701-1180						
Chatham, NJ 07928					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE						
INSURED Organic Plant Care LLC PO Box 201					INSURER A : ANT INSURANCE Company					13900	
					INSURER C :						
Frenchtown, NJ 08825					INSURER D :						
					INSURER E :						
	INSURI	INSURER F :									
		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 LTR TYPE OF INSURANCE		ADDL INSD	SUBR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s		
							EACH OCCURRENC		\$		
CLAIMS-MADE OC	CUR						PREMISES (Ea occu	irrence)	\$		
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC							MED EXP (Any one p	\$			
									\$		
									\$		
OTHER:									\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$		
ANY AUTO					BODILY INJURY (P		r person)	\$			
OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE				
	ONLY						(Per accident)		\$		
UMBRELLA LIAB OC	CUR						EACH OCCURRENC		\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE				
DED RETENTION \$									\$		
A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N		DWO4004050		05/04/0000	05/04/0000	PER STATUTE	OTH- ER		4 000 000	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If ves, describe under			PWC1064058		05/01/2022	05/01/2023	E.L. EACH ACCIDEN	IT	\$	1,000,000	
							E.L. DISEASE - EA EMPLOYEE			1,000,000	
DÉSCRIPTION OF OPERATIONS belo	w						E.L. DISEASE - POL	ICY LIMIT	\$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CERTIFICATE HOLDER					CANCELLATION						
Proof of Insurance					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						
		La Part									
					Janie Roche						

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