

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2014

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 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		CONTACT Lorraine A	rmour			
Global Indemnity Insur	ance Agency, Inc.	PHONE (A/C, No. Ext): (732)632	-2790	FAX (A/C, No): (732)6:	32-2779	
20 Highland Avenue		E-MAIL ADDRESS: larmour@globalindemins.com				
		INSURER(S) AFFORDING COVERAGE		NAIC #	
Metuchen NJ	08840	INSURER A :Admiral I	Ins. Co.		24856	
INSURED		INSURER B :Harleysvi	lle Insurance	Co.	23582	
BE Construction Corp.		INSURER C:New Jerse	y Casualty Ins	surance	12122	
235 Watchung Avenue	INSURER D :					
		INSURER E :				
West Orange NJ	07052	INSURER F:				
001/504.050	OFFICIOATE NUMBER 14 15 Mars		DEVIOLON NUM	ADED		

COVERAGES CERTIFICATE NUMBER:14-15 Master

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
A	CLAIMS-MADE X OCCUR			FEIECC1886200	2/3/2014	2/3/2015	MED EXP (Any one person) \$ 10,0	
	X Pollution Liability						PERSONAL & ADV INJURY \$ 1,000,0	000
							GENERAL AGGREGATE \$ 2,000,0	000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,0	000
	X POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY				3/28/2014	3/28/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,0	000
В	ANY AUTO						BODILY INJURY (Per person) \$	
~	ALL OWNED X SCHEDULED AUTOS			BA0000017918T			BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							Uninsured motorist combined \$	
	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE \$ 4,000,0	00
A	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$ 4,000,0	00
	DED X RETENTION\$ 10,000			FEIEXS1886300	2/3/2014	2/3/2015	\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- TORY LIMITS X OTH- ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$ 500,0	00
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			M71028514	2/3/2014	2/3/2015	E.L. DISEASE - EA EMPLOYEE \$ 500,0	00
							E.L. DISEASE - POLICY LIMIT \$ 500,0	000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FOR EVIDENTIARY PURPOSE ONLY

CENTIFICATE HOLDER	CANCELLATION				
FOR EVIDENTIARY PURPOSE	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				
	Timothy Wagner/DEMET Vimothy J-Wagner				

CANCELL ATION

CERTIFICATE LIQUEDER