

**REVIEWED**

By Janet Ashwood at 8:38 am, Aug 06, 2018

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/25/2018

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 4000 Midlantic Drive Suite 200 Mt. Laurel NJ 08054	<b>CONTACT NAME:</b> Jack Kearns <b>PHONE (A/C, No, Ext):</b> 856-482-9900 <b>FAX (A/C, No):</b> 856-482-1888 <b>E-MAIL ADDRESS:</b> CherryHill.BSD.CertM@AIG.com														
<b>INSURED</b> SJ Transportation Co., Inc. SJ Garage; SJ Garage; SJ Leasing Co. 1176 U.S. Route 40 P.O. Box 169 Woodstown NJ 08098	<table border="1"> <thead> <tr> <th data-bbox="820 430 1437 462">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 430 1583 462">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="820 462 1437 493"><b>INSURER A :</b> HDI-Global Insurance Company</td> <td data-bbox="1437 462 1583 493">41343</td> </tr> <tr> <td data-bbox="820 493 1437 525"><b>INSURER B :</b> New Jersey Manufacturers Insurance Co</td> <td data-bbox="1437 493 1583 525">12122</td> </tr> <tr> <td data-bbox="820 525 1437 556"><b>INSURER C :</b> Chubb Insurance Company of New Jersey</td> <td data-bbox="1437 525 1583 556">41386</td> </tr> <tr> <td data-bbox="820 556 1437 588"><b>INSURER D :</b> Philadelphia Indemnity Insurance Company</td> <td data-bbox="1437 556 1583 588">18058</td> </tr> <tr> <td data-bbox="820 588 1437 619"><b>INSURER E :</b></td> <td data-bbox="1437 588 1583 619"></td> </tr> <tr> <td data-bbox="820 619 1437 640"><b>INSURER F :</b></td> <td data-bbox="1437 619 1583 640"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> HDI-Global Insurance Company	41343	<b>INSURER B :</b> New Jersey Manufacturers Insurance Co	12122	<b>INSURER C :</b> Chubb Insurance Company of New Jersey	41386	<b>INSURER D :</b> Philadelphia Indemnity Insurance Company	18058	<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A :</b> HDI-Global Insurance Company	41343														
<b>INSURER B :</b> New Jersey Manufacturers Insurance Co	12122														
<b>INSURER C :</b> Chubb Insurance Company of New Jersey	41386														
<b>INSURER D :</b> Philadelphia Indemnity Insurance Company	18058														
<b>INSURER E :</b>															
<b>INSURER F :</b>															

AUG 02 2018

Permitting &amp; Compliance Assistance Program

**COVERAGES****CERTIFICATE NUMBER:** 764250974**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 SUBR INSD WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		EGGCH000028817	4/1/2017	10/31/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA 99 48		EAGCH000028817	4/1/2017	10/31/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXAGH000028817	4/1/2017	10/31/2018	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N / A	W24914-4-18	4/1/2018	4/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D	Motor Truck Cargo Pollution Liability		0663-79-17 PHPK1795455	4/1/2018 4/1/2018	4/1/2019 4/1/2019	Vehicle Occurrence Each Claim \$250,000 \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\$2MM XS \$3MM Excess Liability Policy # AEC 5532761-03  
 Policy Period 4/1/2017-10/31/2018  
 Carrier: American Guarantee and Liability Insurance Company  
 \$2,000,000 EACH OCCURRENCE  
 \$2,000,000 AGGREGATE

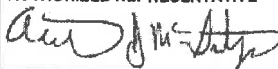
Property Policy  
 See Attached...

**CERTIFICATE HOLDER****CANCELLATION**

Florida, State of-Dept of Env'l's Protection Hazardous  
 Waste Management Section, MS 4555  
 Attn: Richard Neves  
 Twin Towers Office Building  
 Tallahassee FL 323992400

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



© 1988-2015 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Arthur J. Gallagher Risk Management Services, Inc.		NAMED INSURED SJ Transportation Co., Inc. SJ Garage; SJ Garage; SJ Leasing Co. 1176 U.S. Route 40 P.O. Box 169 Woodstown NJ 08098	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS****THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Effective Dates: 4/1/2018-4/1/2019  
Carrier: Great Northern Insurance Company  
Policy Number: 3583-44-60  
Building Personal Property Limit: \$1,655,000  
Evidence of Insurance.