

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/20/2025

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).

PRODUCER	Simply Business	CONTACT NAME:	Simply Business		
	53 State Street 19th Floor Boston, MA 02109	PHONE (A/C, No, Ext):	(866) 538-7491	FAX (A/C, No):	
		E-MAIL ADDRESS:	contactus@simplybusiness.com		
			INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A:	Spinnaker Insurance Company		24376
INSURED	Contractors Premier Electrical LLC	INSURER B:			
	AKA Premier Electrical Contractors 981 US Highway 22 200 Bridgewater, New Jersey 08807	INSURER C :			
		INSURER D :			
		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE 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.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
Α	Х	COMMERCIAL GENERAL LIABILITY	Х		HBW5154118XB1	08/20/2025	08/20/2026	EACH OCCURRENCE \$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED \$100,000
								MED EXP (Any one person) \$5,000
								PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000,000
	Х	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$2,000,000
		OTHER:						COMBINED SINGLE LIMIT
	AUT	OMOBILE LIABILITY						(Ea accident)
		ANY AUTO						BODILY INJURY (Per person)
		OWNED AUTOS ONLY						BODILY INJURY (Per accident)
		AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)
		UMBBELLALIAB						
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE
		EXCESS LIAB CLAIMS-MADE						AGGREGATE
		DED RETENTION						
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED?							E.L. EACH ACCIDENT
			N/A					
(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	
	PROFESSIONAL LIABILITY							EACH CLAIM
								AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
HBW5154118XB1 - CG 20 01 04 13 - PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

CERTIFICATE HOLDER	CANCELLATION			
GENERAL CERTIFICATE OF INSURANCE NOT TO BE REPLICATED OR DISTRIBUTED	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			
	Camila Oliveira			

CANCELLATION

CERTIFICATE HOLDER