Client#: 148732 OLDCOL

$ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/08/2023

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 any rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER	CONTACT Select Business Unit					
CBIZ Insurance Services, Inc.	PHONE (A/C, No, Ext): 888 408-7500 FAX (A/C, No):					
44 Baltimore Street	E-MAIL ADDRESS: cbizselect@cbiz.com					
Cumberland, MD 21502	INSURER(S) AFFORDING COVERAGE	NAIC#				
301 777-1500	INSURER A : Westchester Surplus Lines Ins. Co.	10172				
INSURED	INSURER B : New Jersey Manufacturers Ins Co.	12122				
Old Colony Group, LLC	INSURER C: Travelers Property Casualty Co of Ameri	25674				
24 Cokesbury Road	INSURER D : ACE American Insurance Company	22667				
Suite 8	INSURER E :					
Lebanon, NJ 08833	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY		G27598894009	06/01/2023	06/01/2024	EACH OCCURRENCE	\$1,000,000	
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	
	X BI/PD Ded: \$2,500					MED EXP (Any one person)	\$5,000	
						PERSONAL & ADV INJURY	\$1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000	
	POLICY X PRO- LOC					PRODUCTS - COMP/OP AGG	\$2,000,000	
	OTHER:						\$	
D	AUTOMOBILE LIABILITY		H08462707008	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ANY AUTO					BODILY INJURY (Per person)	\$	
	X OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	UMBRELLA LIAB X OCCUR		G28125951008	06/01/2023	06/01/2024	EACH OCCURRENCE	\$5,000,000	
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$5,000,000	
	DED RETENTION \$						\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		W40545623	07/21/2023	07/21/2024	X PER STATUTE ER OTH-		
C	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	6JUB9F92457323	07/20/2023	07/20/2024	E.L. EACH ACCIDENT	\$1,000,000	
	(Mandatory in NH)	"				E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000	
Α	Contrct Pollution		G27598894009	06/01/2023	06/01/2024	\$1M ea claim,\$2,500	Ded	
A	Professional Liab		G27598894009	06/01/2023	06/01/2024	\$1M ea claim, \$10K	Ded	
			•	-				

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

Evidence of Coverage

CERTIFICATE HOLDER	CANCELLATION

Old Colony Group, LLC 24 Cokesbury Road, Suite 8, Lebanon, NJ 08833 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 CBIZ Insurance Services, Inc.

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