PLEASE TAKE NOTE OF THE FOLLOWING CHANGE

INSURANCE CERTIFICATE

As you may be aware, there has been a recent change to the ACCORD insurance certificate which precludes placing the number of days for cancellation notification in the lower left hand box. You may fulfill the requirement for a 30-day notice of cancellation for a County of Mercer contract in any one of the following ways:

1. indicate a 30-day notice of cancellation in the Description of Operations box at the bottom of the certificate
2. indicate a 30-day notice of cancellation on a separate page
3. provide a copy of the cancellation clause from the policy (you do not need to provide a copy of the entire policy, only the page(s) referencing the cancellation clause)

If you need further clarification on this or other insurance certificate issues, please contact the Insurance and Property Management Office at 609-989-6655.
**CERTIFICATE OF LIABILITY INSURANCE**

**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**
Borden Perelman Insurance Agency  
2000 Lenox Drive, Suite 202  
Lawrenceville, NJ 08648  
www.bordenperelman.com  
9085390

**INSURED**
County of Mercer  
640 South Broad Street  
P. O. Box 8068  
Trenton NJ 08650

**CONTACT NAME:** Dotty Jones  
**PHONE:** 609-896-3434 x116  
**FAX:** 609-895-1468  
**E-MAIL ADDRESS:** djones@bordenperelman.com

**INSURER(S) AFFORDING COVERAGE**

<table>
<thead>
<tr>
<th>INSURER A:</th>
<th>NAIC #</th>
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</table>

**CERTIFICATE NUMBER:** 9556510

**REVISION NUMBER:**

**COVERAGES**

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.

<table>
<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADDL SUB INSR</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tr>
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<td>GENERAL LIABILITY</td>
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<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
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<td>EACH OCCURRENCE</td>
<td>DAMAGE TO TENDED PREMISES (Ex occurrence)</td>
<td>1,000,000</td>
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<td>AUTOMOBILE LIABILITY</td>
<td>SCHEDULED AUTOS</td>
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<td>EACH OCCURRENCE</td>
<td>BOILLY INJURY (Per person)</td>
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<td>EACH OCCURRENCE</td>
<td>E. L. EACH ACCIDENT</td>
<td>5</td>
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<td>CLAIMS-MADE</td>
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<td>AGGREGATE</td>
<td>E. L. DISEASE - EA EMPLOYEE</td>
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<td></td>
<td>WORKERS COMPENSATION</td>
<td>Y/N</td>
<td></td>
<td>E. L. DISEASE - POLICY LIMIT</td>
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<td></td>
<td>AND EMPLOYER'S LIABILITY</td>
<td>N/A</td>
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<td>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</td>
<td>(Mandatory in NJ)</td>
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<td>IF YES, describe under DESCRIPTION OF OPERATIONS below</td>
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**THE REQUIREMENT FOR A 30 DAY NOTICE OF CANCELLATION SHALL BE SATISFIED BY EITHER: NOTATING SUCH IN THIS DESCRIPTION BOX; ATTACHING A SEPARATE PAGE NOTATING SUCH; OR ATTACHING A COPY OF THE POLICY PAGE THAT PROVIDES THIS INFORMATION. THIS CERTIFICATE IS A SAMPLE ONLY. PROOF OF ADDITIONAL COVERAGE MAY BE NECESSARY. PLEASE REFER TO THE SPECIFICATIONS FOR SPECIFIC INSURANCE REQUIREMENTS.**

**CERTIFICATE HOLDER**

**CANCELLATION**

**SAMPLE CERTIFICATE**

**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**

**SIGNATURE**

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COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.

2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
   a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
   b. 30 days before the effective date of cancellation if we cancel for any other reason.

3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.

4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rate. If the first Named Insured cancels, the refund may be less than pro rate. The cancellation will be effective even if we have not made or offered a refund.

6. If notice is mailed, proof of mailing will be sufficient proof of notice.

B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

D. Inspections And Surveys

1. We have the right to:
   a. Make inspections and surveys at any time;
   b. Give you reports on the conditions we find; and
   c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
   a. Are safe or healthful; or
   b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and

2. Will be the payee for any return premiums we pay.

F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.