

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/23/2017

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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER						CONTACT NAME: Darlene Galaida						
Links Insurance Services, LLC						PHONE (A/C, No, Ext): (732)449-4200 FAX (A/C, No): (732)449-2342						
P.O. Box 610						E-MAIL DGalaida@linksins.com						
						INSURER(S) AFFORDING COVERAGE					NAIC#	
Spring Lake NJ 07762						INSURER A: Homeland Insurance Company of NY					34452	
INSURED						INSURER B: Security National Insurance Company					19879	
Allied & Behavioral Healthcare Inc., DBA: Winsor Care &					INSURER C: LM Insurance Corporation						23043	
Winsor Staffing					INSURER D: Selective Insurance Company						12572	
PO Box 369					INSURER E:							
Woodbridge			NJ 07095			INSURER F:						
CO	/ERAGES CER	TIFIC	ATE I	NUMBER: 17/18 Rev. #1	WC 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. NSR												
INSR LTR		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTER		φ .	0,000	
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ 500		φ .		
						07/04/0047	07/01/2018	MED EXP (Any one pe				
Α				6200001660001		07/01/2017		FERSONAL & ADV INJURT		0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE 5		0,000		
	POLICY PRO-							TRODUCTO - COIMI /OT ACC		0,000		
	OTHER:							Staffing SErvices				
В	AUTOMOBILE LIABILITY							(Ea accident)	ent) \$\psi 1,00		0,000	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per				
	AUTOS ONLY AUTOS			SPP133360501		03/31/2017	03/31/2018	BODILY INJURY (Per PROPERTY DAMAGE	244405			
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$			
								Underinsured mo			*	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$ 5,0		φ .	0,000	
	EXCESS LIAB CLAIMS-MADE			6200001660001	07/01/2017	07/01/2018	AGGREGATE	:	\$ 5,00	0,000		
	DED RETENTION \$ 5,000						DED		\$			
С	AND EMPLOYERS' LIABILITY Y/N							➤ PER STATUTE	OTH- ER	4.00	0.000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A	WC5335	WC533S358228017	-	10/01/2017	10/01/2018	E.L. EACH ACCIDENT		a ,	0,000	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EN	SLASE - LA LIVIFLOTEL \$		0,000	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 1,0		\$ 1,00	0,000	
	Professional/E&O Ded \$5,000			6200001660001		07/01/2017	07/01/2018	Limit \$1,000,000 per clai		\$2,0	00,000 agggr	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)												
Insured letter D Surety Bond B1118004 Effective 7/1/2017 - 7/1/2018 Limit \$10,000												
Evidence of Insurance												
CERTIFICATE HOLDER CANCELLATION												
	New Jersey Division A Consume 124 Halsey Street, 7th Floor	THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									

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P O Box 46016 Newark

NJ 07101

AUTHORIZED REPRESENTATIVE