



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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		CONTACT NAME: Certificates Team	
StreetSmart Insurance 208 SOUTH STREET		PHONE (A/C, No, Ext): (732) 462-8343	FAX (A/C, No):
FREEHOLD		E-MAIL ADDRESS: certificates@streetSmart.insurance	
INSURED		INSURER(S) AFFORDING COVERAGE	
PROCLEAN NJ INC 8509 TIMBERLINE CT		INSURER A: MAXUM INDEMNITY COMPANY	
Monmouth Junction		INSURER B: THE PIE INS CO	
NJ 07728		INSURER C:	
NJ 08852		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	ADD'L INSD	SUB'R WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BDG313128001	11/12/2025	11/12/2026	EACH OCCURRENCE	\$ 1,000,000		
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000								
	MED EXP (Any one person)	\$ 5,000								
	PERSONAL & ADV INJURY	\$ 1,000,000								
	GENERAL AGGREGATE	\$ 2,000,000								
	PRODUCTS - COMP/OP AGG	\$ 2,000,000								
GEN'L AGGREGATE LIMIT APPLIES PER:										
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC										
OTHER:										
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
Hired AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
UMBRELLA LIAB			OCCUR					\$		
EXCESS LIAB			CLAIMS-MADE							
DED	RETENTION \$						EACH OCCURRENCE	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input checked="" type="checkbox"/> Y / N	N / A	WC PI 3149862-000	11/12/2025	11/12/2026	<input checked="" type="checkbox"/> PER STATUTE	OTH- ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> N							E.L. EACH ACCIDENT	\$ 1,000,000
If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

*Workers Compensation States: NJ

CERTIFICATE HOLDER

CANCELLATION

NEW JERSEY OFFICE OF THE ATTORNEY GENERAL Division Consumer Affairs 124 Halsey Street, 7th Floor P.O. Box 46016 Newark, 07101	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 <i>Certificates Team</i>

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

AGENCY STREETSMART INSURANCE	NAMED INSURED	
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: _____ FORM TITLE: _____

Pursuant to instructions from our insured, find certificate of insurance. As you review the certificate, please keep in mind that this certificate is to be used as evidence of coverage only. The certificate does not amend, extend, or otherwise alter the terms and conditions of insurance contained in the policy(s) described. If we have not indicated coverage for other policies, we do not write it. Please contact the insured, not this agency.

If any mistakes or inaccuracies are contained in the certificate describing coverage, that mistake or inaccuracy does not provide coverage. Coverage can only be provided by the insuring company. It is illegal to amend or alter this certificate in any way. In doing so would represent fraud and punishable by law.

No representation is made that the certificate is sufficient for your purposes or otherwise complies with the obligations the insured undertook with any agreement or contract with you. If any contract exists between our insured and your company that requires alterations to the standard policy, such as additional insured status or assumption of liability hold harmless agreement , please contact the insured and our agency immediately.

If the certificate holder is an additional insured, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

Disclaimer

The certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.