Client#: 62131 LAFORWAR

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/07/2021

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).

this certificate does not comer any rights to the certificate holder in neu of such endorsement(s).								
PRODUCER	CONTACT Cristina Shannon							
Edgewood Partners Ins. Center	PHONE (A/C, No, Ext): 609 291-9950 FAX (A/C, No): 609	291-9954						
217 Route 130	E-MAIL ADDRESS: Cristina.Shannon@epicbrokers.com							
Bordentown, NJ 08505	INSURER(S) AFFORDING COVERAGE	NAIC#						
609 291-9950	INSURER A: Maxum Indemnity Company	26743						
	INSURER B : New Jersey Manufacturers Insurance Co	12122						
L&A Forwarding Inc.	INSURER C : Travelers Prop Casualty Co of America	25674						
1089 Hudson Street	INSURER D : Underwriters at Lloyd's of London (IL)	19429						
Union, NJ 07083	INSURER E: Nat'l Union Fire Ins Co of PittsburghPA	19445						
	INSURER F:							

CO	/ER/	AGES CER	TIFICATE	NUMBER: REVISION NUMBER:							
TH	IIS IS	TO CERTIFY THAT THE POLICIES	OF INSUF	RANCE LISTED BELOW HAVE BEE	N 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										
		FICATE MAY BE ISSUED OR MAY P						ALL THE TERMS,			
_	CLU	SIONS AND CONDITIONS OF SUCH		LIMITS SHOWN MAY HAVE BEE			MS.				
INSR		TYPE OF INSURANCE ADDL SUBRINSR WVD POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	X	COMMERCIAL GENERAL LIABILITY		BDG303214304	09/08/2021	09/08/2022	EACH OCCURRENCE	\$1,000,000			
		CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s100,000			
							MED EXP (Any one person)	\$5,000			
							PERSONAL & ADV INJURY	\$1,000,000			
	GEN	'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000			

	OTHER:					
Е	AUTOMOBILE LIABILITY	TP9881140	09/08/2021	09/08/2022	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
D	X ANY AUTO	IMCCA50191PD21B	09/08/2021	09/08/2022	BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY				BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
	X Phys Dam				31	\$
	UMBRELLA LIAB OCCUR			0.1941	EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE				AGGREGATE	\$

C Motor Truck Cargo QT6603L63849TIL21 09/08/2021 09/08/2022 \$1,000,000 \$5,000 Deductible

IMCCA50191PD21B

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

Evidence of Coverage

Trailer Interchng

X POLICY

Physical Damage Coverage Only on Specified Vehicles; Hired Car Physical Damage Coverage: \$125,000 Limit; Trailer Interchange: \$40,000. Short Term Rentals

CERTIFICATE HOLDER	CANCELLATION
SAMPLE CERT	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
	E CONTRACTOR OF THE PARTY OF TH

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PRODUCTS - COMP/OP AGG \$

09/08/2021 09/08/2022 \$40,000

Client#: 63761 LLMREALT

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2021

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). CONTACT Cristina Shannon
PHONE (A/C, No, Ext): 609 291-9950 FAX (A/C, E-MAIL ADDRESS: Cristina.Shannon@epicbrokers.com Edgewood Partners Ins. Center FAX (A/C, No): 609 291-9954 217 Route 130 Bordentown, NJ 08505 NAIC # INSURER(S) AFFORDING COVERAGE 609 291-9950 42900 INSURER A: Harleysville Ins Co. of NJ INSURER B : Colony Insurance Company 39993 INSURED LLM Realty Company LLC

LLW Realty Company LLC						INSURER C:					
1089 Hudson Street						INSURER D:					
	Union, NJ 07083					INSURER E :					
						INSURER F:					
COV				NUMBER:	REVISION NUMBER:						
IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P ICLUSIONS AND CONDITIONS OF SUCH	QUIREN ERTAIN POLIC	MENT N, TH CIES.	, TERM OR CONDITION OF HE INSURANCE AFFORDED	BY THE BEEN	CONTRACT OF IE POLICIES I REDUCED I	R OTHER DOO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT HEREIN IS SUBJECT TO A	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL SINSR W	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
Α	X COMMERCIAL GENERAL LIABILITY			MPA0000005981BR	(06/04/2021	06/04/2022	EACH OCCURRENCE	\$1,000,000		
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$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		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000,000		
	OTHER:			× 10 10 10 10 10 10 10 10 10 10 10 10 10					\$		
0	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
						11			\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE				1			AGGREGATE	\$		
	DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$		
(Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
В	Cargo - Personal			IM2559600	(06/16/2021	06/16/2022	\$5,000,000			
	Property/Others						12				
	S. 1800 -										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101, Additional Remarks Schedu	ıle, may b	e attached if mo	ore space is requ	ired)			
1											
1											
CEF	RTIFICATE HOLDER				CANC	ELLATION					
L&A Forwarding, Inc. 1089 Hudson Street						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Union, NJ 07083						AUTHORIZED REPRESENTATIVE					

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/30/21

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and out the control of the control o					CONTACT											
PRODUCER					NAME: PHONE (A/C, No, Ext): 973-335-0218 FAX (A/C, No): 973-335-0831											
S & D ASSOCIATES					PHONE (A/C, No, Ext): 973-335-0218 (A/C, No): 973-335-0831 E-MAIL ADDRESS: STRANDSKOV@MSN.COM											
P O BOX 7																
TOWACO, NJ 07082											NAIC#					
						INSURER A:										
INSURED						INSURE	RB: ARI IN	S. CO.								
The state of the s						INSURE	RC:	_								
		LLM REA					INSURE	RD:								
			SON STREET				INSURE	RE:					1,000,000 1,000,000 1,000,000			
		UNION, N				NJ 07083	INSURE	RF:					NAIC# LICY PERIOD WHICH THIS THE TERMS, 1,000,000 1,000,000			
CO	VER	AGES				NUMBER:				REVISION NU		UE DO	IOV PERIOR			
IN	DICA	ATED. NOTWITHS	TANDING ANY RE	EQUIF	REMEI	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WIT	TH RESPE	CT TO	WHICH THIS			
INSR LTR		TYPE OF INS	JRANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S				
LIK		COMMERCIAL GENE		11102						EACH OCCURREN		\$				
		CLAIMS-MADE	OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED :urrence)	\$				
										MED EXP (Any one		\$				
		-								PERSONAL & ADV	INJURY	\$				
	GEN	N'L AGGREGATE LIMIT	APPLIES PER:							GENERAL AGGRE	GATE	\$				
		POLICY PRO- JECT	Loc							PRODUCTS - COM	P/OP AGG	\$				
		OTHER:										\$				
	AUT	TOMOBILE LIABILITY								(Ea accident)	ELIMIT	\$				
		ANY AUTO								BODILY INJURY (F	er person)	\$				
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (F	,	\$				
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$				
		AUTOS ONLT	AUTOSONET									\$				
		UMBRELLA LIAB	OCCUR							EACH OCCURREN	CE	\$				
		EXCESS LIAB	CLAIMS-MADE							AGGREGATE		\$				
		DED RETENT	ION \$									\$				
	WORKERS COMPENSATION							X PER STATUTE	OTH- ER							
	ANY	PROPRIETOR/PARTNE	R/EXECUTIVE			D11104044574		04/04/04	04/04/00	E.L. EACH ACCIDE	:NT	\$	1,000,000			
В		ICER/MEMBER EXCLUT Indatory in NH)	DED?	N/A		PWC1041571		04/04/21	04/04/22	E.L. DISEASE - EA	EMPLOYEE	\$	1,000,000			
	If yes	s, describe under CRIPTION OF OPERA	TIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	1,000,000			
	-															
DES	CRIPT	TION OF OPERATIONS	/ LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	re space is requi	red)						
												-				
CERTIFICATE HOLDER						CAN	CELLATION									
		SAMPLE					THE	EXPIRATION	N DATE TH	DESCRIBED POLI IEREOF, NOTICI CY PROVISIONS.	CIES BE C	ANCEL BE DE	LED BEFORE LIVERED IN			
		OAMII EL					AUTUS	DIZED DEDDESE	MTATIVE							
							AUTHORIZED REPRESENTATIVE									

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