

## CERTIFICATE OF LIABILITY INSURANCE

SPARK-3

OP ID: DD

DATE (MM/DD/YYYY)

01/03/13

CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS	IVEL\	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALTE	ER THE CO	VERAGE AFFORDED E	Y TH	E POLICIES	
REPRESENTATIVE OR PRODUCER, AN IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endors	is an , cert	ADI ain p	DITIONAL INSURED, the policies may require an er							
PRODUCER 860-741-2544					CONTACT Denise Desrosier					
The Jarrett Agency 55.7 Enfield Street Enfield, CT 06082 Nicholas P Deni  INSURED Sparkle Services Inc 119 Post Road Enfield, CT 06082					may.					
					E-MAIL ADDRESS: dee@thejarrettagency.com					
					INSURER(S) AFFORDING COVERAGE NAIC					
					INSURER A: Ohio Mutual Insurance Group					
					INSURER B : The Hartford Insurance Company					
					INSURER C:				) <u>4</u> 1969; 14	
					INSURER D:					
					INSURER E:					
					INSURER F:					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT POLIC	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE I	OF AN' ED BY	Y CONTRACT THE POLICIES EDUCED BY P	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
NSR LTR TYPE OF INSURANCE	ADDL	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,00	
A X COMMERCIAL GENERAL LIABILITY			BP0019062		01/01/13	01/01/14	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,00	
CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,00	
16			=				PÉRSONAL & ADV INJURY	\$	1,000,00	
在							GENERAL AGGREGATE	\$	2,000,00 1,000,00	
GEN'L AGGREGATE LIMIT APPLIES PER:    PRO-							PRODUCTS - COMP/OP AGG	\$	1,000,00	
AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT		1,000,00	
A ANY AUTO			CPP0016079		01/01/13	01/01/14	(Ea accident) BODILY INJURY (Per person)	\$	1,000,00	
ALLOWNED SCHEDULED					0 1/0 1/10	01/01/14	BODILY INJURY (Per accident)	\$		
X HIRED AUTOS X AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
A0103							(i di decident)	\$	-	
UMBRELLA LIAB OCCUR					-		EACH OCCURRENCE	\$	1,000,00	
A X EXCESS LIAB CLAIMS-MADE			CX0001934	v.	01/01/13	01/01/13	AGGREGATE	\$		
DED X RETENTION \$ 10,000								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS X OTH- ER		photo see book and the first	
B ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			02WECCL5550		01/01/13	01/01/14	E.L. EACH ACCIDENT	\$	1,000,00	
(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,00	
If yes, describe under DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICADD ITIONAL INSURED : FEDEX 10				NDSOR	LOCKS CT					
CERTIFICATE HOLDER				CANC	ELLATION		·			
				THE ACC	EXPIRATION ORDANCE WIT	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.			
			No. of the Control of	AUTHO	RIZED REPRESE	NTATIVE			1,000	

Nicholas P Deni

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