



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/13/2024

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).

PRODUCER		CONTACT NAME: Annette Botticello	
Fabricant & Fabricant Inc.		PHONE (A/C, No, Ext): (516) 621-9000	FAX (A/C, No): (516) 621-0092
1251 Old Northern Boulevard		E-MAIL ADDRESS: annetteb@fabricantinsurance.com	
P.O. Box 9004		INSURER(S) AFFORDING COVERAGE	
Roslyn NY 11576		INSURER A: Hartford Fire Ins. Co.	NAIC # 19682
INSURED		INSURER B: Trumbull Ins. Co.	27120
Sam Tell & Son Inc.		INSURER C: Federal Ins. Co.	20281
300 Smith Street		INSURER D: Admiral Ins. Co. (ARC)	24856
Farmingdale NY 11735		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 24-25 MASTER ALL**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			12UUNZK8880	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input checked="" type="checkbox"/> CONTRACTURAL LIAB						MED EXP (Any one person) \$ 10,000
	<input checked="" type="checkbox"/> TERRORISM INCLUDED						PERSONAL & ADV INJURY \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY			12UENGE3071	12/17/2024	12/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							PIP-Additional \$ 100,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			93642144	12/17/2024	12/17/2025	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
D	PROFESSIONAL LIAB			EO00003406609	06/22/2024	06/22/2025	LIMIT \$1,000,000
	RETRO 6/22/2016						DED \$10,000

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

RE: Bid # 16-470-catalog discount-kitchen supplies,parts and equipment DeKalb County School System are included as Additional Insured on General Liability for Work Performed by the Named Insured under written contract; but only with respect to the Negligent Acts of the Named Insured per the Terms and Conditions of the policy

CERTIFICATE HOLDER**CANCELLATION**

Dekalb Country School District 1701 Mountain Industrial Blvd Stone Mountain GA 30083-1027	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 

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Additional Named Insureds

Other Named Insureds

Hannah Rae LLC dba Pascoe-Jacobs Associates	Doing Business As
Hannah Rae, LLC	Limited corporation, Additional Named Insured
Jericho Houston LLC	Limited partnership, Additional Named Insured
Jeslin, LLC	Limited corporation, Additional Named Insured
Sam Squared, Inc	Corporation, Additional Named Insured
Sam Tell & Sons Inc DBA Stanton Trading	Doing Business As
SAM TELL & SON INC DBA CORSI & ASSOCIATES	Doing Business As
SAM TELL HOLDINGS CO LLC	Limited Liability Company, Additional Named Insured
SD Consulting & Sales	C Corporation, Additional Named Insured
Tell Realty LLC	Limited corporation, Additional Named Insured
The Sam Tell Companies	Doing Business As
Warren Acquisition LLC	Limited Liability Company, Additional Named Insured

AGENCY CUSTOMER ID: 00005487

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Fabricant & Fabricant Inc.		NAMED INSURED Sam Tell & Son Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

INSTALLATION FLOATER Hartford Ins. Co., Pol#12MSBK0109 December 1, 2024 - December 1, 2025
Installation Floater: \$1,000,000
Deductible: \$1,000