



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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	COMPACT NAME: PHONE: (Area No. Ext.) (855) 222-5919 E-MAIL: ADDRESS: support@nextinsurance.com	FAX (Area No):
INSURED	INSURER(S) AFFORDING COVERAGE	
WE DO IT ALL HANDYMAN CORP 7 Brook Dr Ocean, NJ 07712	INSURER A: State National Insurance Company, Inc.	NAIC # 12831
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES		CERTIFICATE NUMBER: 210130420	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 PAYMENT CLAIMS.				
INS. LTR	TYPE OF INSURANCE	ADDITIONAL INS'D. WVD	POLICY NUMBER	PERIOD FOR POLICY (MM/DD/YYYY) (MM/DD/YYYY)
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	NXTTCCFPD47-03-GL	01/01/2026	01/01/2027
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:			
AUTOMOBILE LIABILITY				
ANY AUTO <input type="checkbox"/> OWNED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED <input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE			
DED <input type="checkbox"/> RETENTION \$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY OFFICER/MEMBER/PARTNER/EXECUTIVE <input type="checkbox"/> Y/N (Mandatory in NJ) If yes, list name DESCRIPTION OF OPERATIONS below	N / A		PER STATUTE	OTH- ER
E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT				
A Contractors Errors and Omissions	NXTTCCFPD47-03-GL	01/01/2026	01/01/2027	Each Occurrence: \$10,000.00 Aggregate: \$20,000.00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)				
Proof of Insurance.				

CERTIFICATE HOLDER		CANCELLATION		
WE DO IT ALL HANDYMAN CORP 7 Brook Dr Ocean, NJ 07712		LIVE CERTIFICATE  Click or scan to view		
		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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