

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/17/2020

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).

<b>PRODUCER</b> <b>USI Insurance Svcs, LLC</b> <b>180 Park Avenue</b> <b>Suite 103</b> <b>Florham Park, NJ 07932</b>	<b>CONTACT NAME:</b> Susan Reinhardt <b>PHONE (A/C, No, Ext):</b> 973 965-3123 <b>FAX (A/C, No):</b> 484 652 5482 <b>E-MAIL ADDRESS:</b> susan.reinhardt@usi.com														
<b>INSURED</b> <b>VJF Delivery Inc.DBA JayDee Fast Deliv,</b> <b>Retail Leasing Serv,LLC,NIJA Leasing Inc</b> <b>Mall Delivery Service,Inc.</b> <b>450 Duncan Avenue, Jersey City, NJ 07306</b>	<table border="1"> <thead> <tr> <th data-bbox="816 420 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 420 1563 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1437 483"><b>INSURER A : Hartford Fire Insurance Company</b></td> <td data-bbox="1437 451 1563 483"><b>19682</b></td> </tr> <tr> <td data-bbox="816 483 1437 514"><b>INSURER B : Endurance Assurance Corporation</b></td> <td data-bbox="1437 483 1563 514"><b>11551</b></td> </tr> <tr> <td data-bbox="816 514 1437 546"><b>INSURER C : Travelers Property Cas. Co. of America</b></td> <td data-bbox="1437 514 1563 546"><b>25674</b></td> </tr> <tr> <td data-bbox="816 546 1437 577"><b>INSURER D : Lloyds of London</b></td> <td data-bbox="1437 546 1563 577"><b>NONAIC</b></td> </tr> <tr> <td data-bbox="816 577 1437 609"><b>INSURER E : Hartford Fire Insurance Company</b></td> <td data-bbox="1437 577 1563 609"><b>19682</b></td> </tr> <tr> <td data-bbox="816 609 1437 634"><b>INSURER F :</b></td> <td data-bbox="1437 609 1563 634"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Hartford Fire Insurance Company</b>	<b>19682</b>	<b>INSURER B : Endurance Assurance Corporation</b>	<b>11551</b>	<b>INSURER C : Travelers Property Cas. Co. of America</b>	<b>25674</b>	<b>INSURER D : Lloyds of London</b>	<b>NONAIC</b>	<b>INSURER E : Hartford Fire Insurance Company</b>	<b>19682</b>	<b>INSURER F :</b>	
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**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

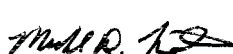
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			<b>83UENOH7118</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
<b>E</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Leased			<b>83UENOH7117</b>  <b>Trailer Inter</b> <b>\$100,000</b> <b>\$2500DED</b>	<b>03/01/2020</b>	<b>03/01/2021</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>			<b>EXT30001265100</b>	<b>09/24/2019</b>	<b>09/24/2020</b>	EACH OCCURRENCE \$ <b>4,000,000</b> AGGREGATE \$ <b>4,000,000</b> \$
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>D</b>	<b>Motor Truck Cargo</b> <b>Phy Dam, AVC</b>			<b>QT6601226A670</b> <b>NA19SV09638</b>	<b>06/06/2020</b> <b>07/24/2019</b>	<b>06/06/2021</b> <b>07/24/2020</b>	<b>500,000/\$2500DED</b> <b>ACV /\$2500DED</b>

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

This Evidence of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Evidence.

**CERTIFICATE HOLDER****CANCELLATION**

[Empty space for Certificate Holder information]	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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