

FINANCIAL & TRADE REFERENCES

**DUN &
BRADSTREET
RATING**

3A1

AFFILIATIONS

dun & bradstreet



Corporate Details

Corporate Name.....Jottan Inc.
Corporate Address.....One Underwood Court, Delran, NJ 08075
Corporate Phone.....1-800-364-4234
Corporate Fax.....1-609-447-6206
Website Address.....www.Jottan.com
Date of Incorporation.....1974
Federal I.D. Number.....22-2768915

Banking Institution

Santander Bank
1500 Market Street, Philadelphia, PA 19102
Contact: Ryan Goodwin (267) 675-0600
Line of Credit: \$1,000,000.00

Casualty Insurance Broker

E.K. McConkey & Company Inc.
Contact: Kurt Gehman (717) 755-9266
C N A Insurance Companies

Surety Broker

IOA Northeast
1451 Route 34, Suite 101, Farmingdale, NJ 07727
Contact: Dawn Jones (732) 751-2900
Bonding Capacity: \$40 million single/ \$80 million aggregate

Trade References

American Architectural
575 Business Park Lane, Allentown, PA 18109
Contact: (610) 432-9787

ABC Supply Co Inc. #031
1550 First State Blvd., Stanton, DE 19804
Contact: (302) 994-1166

Garland Co.
P.O. Box 703444-T Cleveland, OH 44190
Contact: (800) 762-8225

SAMPLE CERTIFICATE OF INSURANCE

PRODUCER E. K. McConkey & Company, Inc. 2555 Kingston Road, Suite 100 York PA 17402		CONTACT NAME: Barbara Golden, CPCU, CIC, AAI, AU PHONE (A/C, No, Ext): 717-505-3109 FAX (A/C, No): E-MAIL ADDRESS: bgolden@ekmccconkey.com	
INSURED Jottan Inc 1 Underwood Court Delran NJ 08075		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Columbia Casualty Company 31127 INSURER B: National Fire Insurance Compan 20478 INSURER C: Continental Insurance Company 35289 INSURER D: American Casualty Company of R 20427 INSURER E: INSURER F:	
JOTTA-1			

IN&R LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	X COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Contractual Liab GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		GL 5092134429	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Physic <input type="checkbox"/> Damage-ACV		BUA 5092134415	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ _____		6012018124	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N	WC 5 92134432	5/1/2022	5/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D D A	Installation Floater Equipment Floater Pollution Liability	N	2093338115 2093338115 C8079080129	5/1/2022 5/1/2022 5/1/2022	5/1/2023 5/1/2023 5/1/2023	Deduct \$1,000 Lease/Rent \$1000 ded Deduct \$10,000 \$500,000 Occ/Agg limit \$125,000 1,000,000/2,000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Business Property from Cincinnati Insurance Company #ENP0590449, Special Form includes Theft, Per Values on File - \$5,000 Deductible

CERTIFICATE HOLDER Jottan, Inc. Roofing Contractors & Consult. One Underwood Ct Delran NJ 08075	CANCELLATION 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 