



# Green Star INSULATION

7 Old Sherman Tpke  
Suite 205  
Danbury, CT 06810  
P: 203-744-1144

## **References**

Builder Clients  
John C. Windels  
Maplewood Builders, LLC  
<http://www.maplewoodbuilders.com>  
Office: 203.869.8422  
Cell: 203.858.5385

August Lenhart  
Builder  
Great View LLC  
Office: 203-348-8378

Stewart Lade  
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Office: (203) 791-1062  
Mobile: (203) 912-3616

Susan Anthony  
Architect and client  
Office: 914-332-0011  
Homeowner Clients

Liz Weinstien  
Homeowner client  
Scarboro, NY  
646-261-7685

John Rosen  
Homeowner client  
Scarsdale, NY  
914-271-4572 xt.113

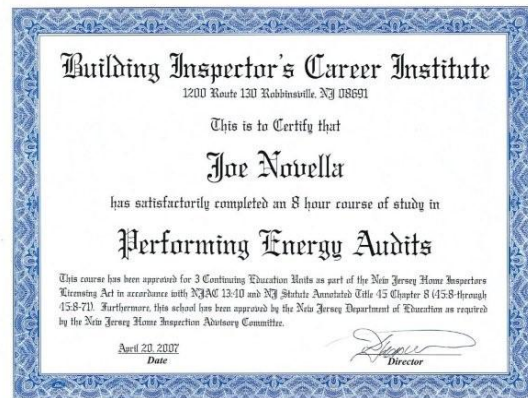
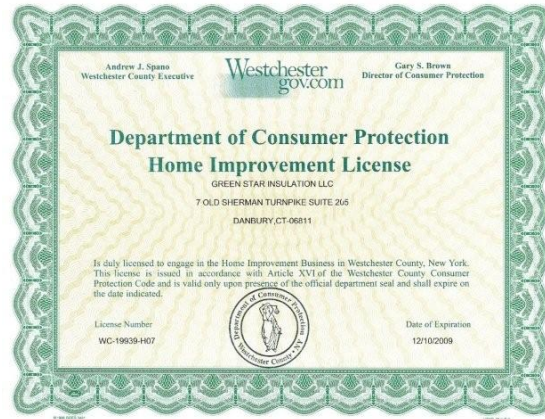
Michelle Conner  
Homeowner client  
Brookfield, CT  
203-775-0579



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## Licenses and Certificates





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## Insurance

ACORD CERTIFICATE OF LIABILITY INSURANCE			OP ID DJ GREEN26	DATE (MM/DD/YYYY) 04/04/08	
<b>PRODUCER</b> Rose & Kiernan, Inc. (Danbury) Lee Farm Corporate Park 83 Wooster Heights Road Danbury CT 06810 Phone: 203-702-4700 Fax: 203-702-4759		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
<b>INSURED</b>  Green Star Insulation LLC 7 Old Sherman Turnpike #205 Danbury CT 06810-4174		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		INSURER A American International Grp Inc			
		INSURER B Selective Ins Co of Southeast			
		INSURER C			
		INSURER D			
		INSURER E			
<b>COVERAGES</b> <small>THE POLICIES OR INSURANCE SET FORTH 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small>					
INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	S1825851	06/19/07	06/19/08	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Each Occurrence) \$ 100000 MEDICAL (Any one person) \$ 10000 PERSONAL & ADY INJURY \$ 1000000 GENERAL AGGREGATE \$ 3000000 PRODUCTS - COMMOD AGG \$ 3000000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	S1825851	06/19/07	06/19/08	COMBINED SINGLE LIMIT (Each Occurrence) \$ 1000000
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY \$
B	<b>EXCESS/UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	S1825851	06/19/07	06/19/08	EACH OCCURRENCE \$ 1000000 AGGREGATE \$ 1000000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY EMPLOYEE OR PART-TIME/SEASONSAL/TEMP/EMPLOYEE EXCEPT FFLC <small>(Spec. Accidents under SPECIAL PROVISIONS below)</small>	6714916	10/01/07	10/01/08	WORKERS COMPENSATION LIMITS E.L. EACH ACCIDENT \$ 1000000 E.L. DISABILITY - LE/LIM/LELL \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000
<b>OTHER</b>					
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> All operations usual and incidental to the business of the named insured.					
<b>CERTIFICATE HOLDER</b>  GREENS2  Green Star Insulation, LLC 7 Old Sherman Tpke #205 Danbury CT 06810			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 		

ACORD 25 (2001/08)

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