ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 07/15/96

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.

PRODUCER

YORK JERSEY UNDERWRITER, INC
185 NEWMAN SPRINGS RD
P.O. BOX 810
RED BANK, NJ 07701

INSURED

PARDINI GROUP, INC.
1 MAIN STREET
SUITE 107
EATONTOWN, NJ 07724

COMPANIES AFFORDING COVERAGE

COMPANY A TIR MARYLAND

COMPANY B NJ WC PLAN

COMPANY C

COMPANY D

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR [ ] OWNER'S & CONTRACTOR'S PROT	BINDER 15308-B01	07/12/96	07/12/97	GENERAL AGGREGATE	$2000000
					PRODUCTS - COMP/OP AGG	$1000000
					PERSONAL & ADV INJURY	$1000000
					EACH OCCURRENCE	$1000000
					FIRE DAMAGE (Any one fire)	$50000
					MED EXP (Any one person)	$10000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY: EACH ACCIDENT	$
					AGGREGATE	$
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	$
					AGGREGATE	$
						$
					RETENTION $	LIMIT $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL	BINDER 15308-B00	07/13/96	07/13/97	EL EACH ACCIDENT	$100000
					EL DISEASE - POLICY LIMIT	$500000
					EL DISEASE - EA EMPLOYEE	$100000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

HOVNANIAN ENTERPRISES INC., ITS SUBSIDIARIES AND AFFILIATED COMPANIES AS OWNER AND GENERAL CONTRACTOR ARE NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

K HOVNANIAN COMPANY
110 FIELDCREST AVE
CN 7825
EDISON, NJ 08818

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

TOTAL P.01

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