

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2021

BTEITZ

BRYAGAR-01

1/13/2021																								
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 rights to the certificate holder in lieu of such endorsement(s).																								
	v		•																					
PRODUCER Levitt-Fuirst Associates, LTD						CONTACT NAME: PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) 457-4200																		
520 White Plains Road 2nd Floor Tarrytown, NY 10591						PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) E-MAIL ADDRESS: info@levittfuirst.com					457-4200													
						INSURER(S) AFFORDING COVERAGE					NAIC #													
						INSURER A :					22187													
INSURED						INSURER B :					19917													
	Contractor Name		INSURER C :																					
	Contractor Address				INSURER D :																			
NY					INSURER E :																			
			INSURER F :																					
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 TYPE OF INSURANCE					POLICY FEE	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	X COMMERCIAL GENERAL LIABILITY	INOD	SUBR WVD			(###/20/1111)		EACH OCCURRENC		\$	1,000,000													
	CLAIMS-MADE X OCCUR	X				12/2/2020	12/2/2021	DAMAGE TO RENTE PREMISES (Ea occu	D rrence)	\$	100,000													
								MED EXP (Any one p	person)	\$	5,000													
								PERSONAL & ADV I	NJURY	\$	1,000,000													
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	2,000,000													
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$														
	OTHER:							EMPLOYEE BE COMBINED SINGLE		\$	1,000,000													
A	AUTOMOBILE LIABILITY							(Ea accident)		\$	1,000,000													
	ANY AUTO OWNED SCHEDULED			1		12/2/2020	12/2/2021	BODILY INJURY (Pe	r person)	\$														
	AUTOS ONLY AUTOS							BODILY INJURY (Pe		\$														
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	L	\$														
в										\$	5,000,000													
P	X UMBRELLA LIAB X OCCUR					12/2/2020	12/2/2021	EACH OCCURRENC	E	\$	5,000,000													
	EXCESS LIAB CLAIMS-MADE				12/2/2020		12/2/2021	AGGREGATE Roofer/heights		\$	10,000,000													
	DED X RETENTION \$ 10,000							•	OTH-	\$	10,000,000													
	AND EMPLOYERS' LIABILITY							PER STATUTE	ER															
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDEN		\$														
	If yes, describe under							E.L. DISEASE - EA E																
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POL		\$														
DES		LES () 101. Additional Remarks Schedu	lle, may h	e attached if mor	e space is requir	red)																
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ant Gardens Corp., its officers and dired	tors	and e	employees and Robert Orlo	ofsky R	ealty Inc. as r	amed as Ado	ditional Insured o	on a Prim	ary &														
Non-Contributory Basis. JOB DESCRIPTION																								
CERTIFICATE HOLDER CANCELLATION																								
Bryant Gardens Corp c/o Robert Orlofsky Realty Inc. 7 Bryant Crescent - Suite 1C White Plains, NY 10605						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																		
													June -											

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