PATRGAR-01

BTEITZ

CERTIFICATE OF LIABILITY INSURANCE

ACORD®

DATE (MM/DD/YYYY) 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).

tl	is c	ertificate does not confer rights to	o the	certi	ificate holder in lieu of su								
	DUCE					CONTAI NAME:	СТ						
Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591							PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) 457-4200						
							E-MAIL ADDRESS: info@levittfuirst.com						
							INSURER(S) AFFORDING COVERAGE					NAIC#	
							RA:	•				19038	
INSURED						INSURE	SURER B:				19917		
		Contractor Name			INSURER C:								
		Contractor Address					INSURER D:						
		NY				INSURER E :							
						INSURER F:							
СО	VER	AGES CER	TIFI	CATE	E NUMBER:				REVISION NUM	BER:			
IN C	IDICA ERTII XCLL	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREME TAIN, CIES.	ENT, TERM OR CONDITIOI , THE INSURANCE AFFORI . LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC THE POLICI REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITI SED HEREIN IS SU	H RESPE	CT T	O WHICH THIS	
INSR LTR	TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENC	E	\$	1,000,000		
	CLAIMS-MADE X OCCUR		X				2/12/2020	2/12/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	300,000	
									MED EXP (Any one person)		\$	5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								PERSONAL & ADV INJURY		\$	1,000,000	
									GENERAL AGGREGATE		\$	2,000,000	
	X	POLICY PROJECT LOC OTHER:							PRODUCTS - COMP/	OP AGG	\$ \$	2,000,000	
A							2/12/2020	2/12/2021	COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000	
	Х	ANY AUTO OWNED AUTOS ONLY AUTOS				BODILY INJURY (Per			person)	\$			
									BODILY INJURY (Per	accident)	\$		
		HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	E	\$		
											\$		
В	X	JMBRELLA LIAB X OCCUR							EACH OCCURRENC	E	\$	5,000,000	
		EXCESS LIAB CLAIMS-MADE	4				2/12/2020	2/12/2021	AGGREGATE		\$	5,000,000	
		DED X RETENTION \$ 10,000							Roffing/Height	_	\$	10,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
		PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDEN	т	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$		
									E.L. DISEASE - POLICY LIMIT		\$		
Patr Non	icia (-Con	ION OF OPERATIONS / LOCATIONS / VEHIC Gardens Owners Inc, its officers a tributory Basis. SCRIPTION:	LES (A	ACORD irecto	D 101, Additional Remarks Schedu orr and employees and Rob	le, may b oert Orl	e attached if mor ofsky Realty I	e space is requii Inc are name	^{red)} d as Additional In	sured o	n a P	rimary &	
CERTIFICATE HOLDER							CANCELLATION						
Patricia Gardens Owners Inc. c/o Robert Orlofsky Realty Inc. 7 Bryant Crescent - Suite 1C							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.						

White Plains, NY 10605

AUTHORIZED REPRESENTATIVE