

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/7/2021

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 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)

certificate holder in lieu of such endors		-		idorsei	ment. A Stat	ement on th	is certificate does not c	onierr	ights to the	
PRODUCER Miller & Miller Insurance Agency Inc 720 Commerce Street Thornwood NY 10594					CONTACT NAME:					
					PHONE (A/C, No, Ext): 914-741-6400 FAX (A/C, No): 914-741-6407					
					E-MAIL ADDRESS:					
					INSURER(S) AFFORDING COVERAGE				NAIC #	
					INSURER A: Travelers Cas Ins Co of Americ				19046	
INSURED STONE-2 Stone Ridge At Rye % Robert Orlofsky Realty, Inc.					INSURER B:					
					INSURER C:					
7 Bryant Crescent, Suite 1C				INSURE	RD:					
White Plains NY 10605-2603					INSURER E:					
					INSURER F:					
			NUMBER: 1842797462				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.  INST.   ADDLISUBR   POLICY EFF   POLICY EXP										
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs		
A X COMMERCIAL GENERAL LIABILITY			6804430B725		8/25/2020	8/25/2021	EACH OCCURRENCE	\$ 1,000,	000	
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,00	00	
							MED EXP (Any one person)	\$ 5,000		
							PERSONAL & ADV INJURY	\$ 1,000,	000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,	000	
POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
OTHER:								\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
A Property-RC Sprcial Directors & Officers Ordinance or Law Equipment Breakdown			6804430B725 6804430B725 6804430B725 680443B725		8/25/2020 8/25/2020 8/25/2020 8/25/2020	8/25/2021 8/25/2021 8/25/2021 8/25/2021	Building Limit of Liability Coverage B Included	\$4469 1,000, \$4,469	810/1,ooo ded 000 9,810	
*Policies shown are subject to terms, conditions, exclusions, sublimits and deductibles not listed on this certificate. We recommend that requests for policy copies be directed to the Named Insured shown above.*  Location: 110 -116 Theodore Fremd Avenue Rye NY 10580  18 Units, No Wind deductible  Broadened Wind Coverage  PROOF OF COVERAGE										
				• • • • •						
Stone Ridge At Rye % Robert Orlofsky Realty, Inc. 7 Bryant Crescent, Suite 1C White Plains NY 10605					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					