TUDOARM-01

BTEITZ

CERTIFICATE OF LIABILITY INSURANCE

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).

t	his certificate does not confer rights to				ıch enc	lorsement(s)		require an end	or semen	. А	statement on	
PRODUCER Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor						CONTACT NAME: PHONE (A/C, No, Ext): (914) 457-4200 F-MAIL info @lovittfuiret com						
	.,,	INSURER(S) AFFORDING COVERAGE						NAIC#				
		INSURE						22187				
Contractors name Contractors Address NY						INSURER B:					19917	
						INSURER C:					+	
						INSURER D:						
						INSURER E: INSURER F:						
	OVERAGES CER	TIEL	CATE	E NUMBER:	INSURE	:K F :		REVISION NUI	MDED.			
I	THIS IS TO CERTIFY THAT THE POLICIE NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES O EQU PER	F INS	SURANCE LISTED BELOW ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	N OF A	NY CONTRAC	TO THE INSUF CT OR OTHER ES DESCRIB	RED NAMED ABO R DOCUMENT WI SED HEREIN IS S	VE FOR T	CT TO	O WHICH THIS	
INSF LTR		ΔDDI	SUBR		BEEN	POLICY FFF	POLICY EXP		LIMIT	<u> </u>		
A		INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT		1,000,000	
	CLAIMS-MADE X OCCUR	x	x			10/14/2020	10/14/2021	DAMAGE TO RENTED		\$	100,000	
								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- OTHER:							PRODUCTS - COM	P/OP AGG	\$	Included	
А	AUTOMOBILE LIABILITY	х			10/14/2020		10/14/2021	COMBINED SINGLI (Ea accident)	E LIMIT	\$	1,000,000	
	ANY AUTO							BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (P	er accident)	\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	GE	\$		
	AS TO SOLET								\$			
В	X UMBRELLA LIAB X OCCUR	X	х					EACH OCCURREN	CE	\$	5,000,000	
	EXCESS LIAB CLAIMS-MADE					10/14/2020	10/14/2021	AGGREGATE		\$	5,000,000	
	DED X RETENTION \$ 10,000							Roofers/heigh		\$	10,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE		\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	IN / A	1					E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POI	LICY LIMIT	\$		
Tuc Nor	SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC or Woods Owners Corp. officers, direct n-Contributory Basis. B DESCRIPTION:	LES (ACORE	0 101, Additional Remarks Schedu nployees and Robert Orlof	ile, may b sky Re	e attached if mor alty Inc. are n	e space is requii amed as Add	red) ditional Insured (on a Prima	ary &		
CE	RTIFICATE HOLDER				CANO	CELLATION						
Tudor Arms Owners Corp. c/o Robert Orlofsky Realty 7 Bryant Crescent - Suite 1C						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1	White Plains, NY 10605	AUTHORIZED REPRESENTATIVE										