



HARTGAR-02

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/2/2022

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).

<b>PRODUCER</b> Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (914) 457-4200      FAX (A/C, No): (914) 457-4200 E-MAIL ADDRESS: info@levittfuirst.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>	<b>NAIC #</b>
<b>Hartsdale Gardens Owners Corp</b> <b>c/o Robert Orlofsky Realty Inc</b> <b>7 Bryant Gardens - Suite 1C</b> <b>White Plains, NY 10605</b>	<b>INSURER A : Insurance Company of Greater New York</b> <b>22195</b>
	<b>INSURER B : Liberty Insurance Underwriters</b> <b>19917</b>
	<b>INSURER C : Travelers Casualty and Surety Company</b> <b>19038</b>
	<b>INSURER D :</b>
	<b>INSURER E :</b>
	<b>INSURER F :</b>

**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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			6131M694966	3/1/2022	3/1/2023	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
							MED EXP (Any one person) \$ <b>5,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
							\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			6131M694966	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			MCREA-18342-02	3/1/2022	3/1/2023	EACH OCCURRENCE \$ <b>15,000,000</b>
							AGGREGATE \$ <b>15,000,000</b>
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE    OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>Commercial Property</b>			6131M694966	3/1/2022	3/1/2023	<b>Special - Building</b> \$ <b>17,104,194</b>
C	<b>Crime</b>			106691578	3/1/2022	3/1/2023	<b>Deductible \$1.000</b> \$ <b>250,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 27-37-47 North Central Avenue Hartsdale, NY 10530 \*Units 73

**CERTIFICATE HOLDER****CANCELLATION**

<b>Hartsdale Gardens Owners Corp</b> <b>c/o Robert Orlofsky Realty inc</b> <b>7 Bryant Gardens - Suite 1C</b> <b>White Plains, NY 10605</b>	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 
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## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Levitt-Fuirst Associates, LTD</b>		NAMED INSURED <b>Hartsdale Gardens Owners Corp c/o Robert Orlofsky Realty Inc 7 Bryant Gardens - Suite 1C White Plains, NY 10605</b>	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Additl Coverages**  
**Additional Policy:**

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D&O, Travelers, Pol#106691578, Term 03/1/22 to 3/1/23, \$1.5 Limit

**Additional Coverages:**

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Replacement Cost/Agreed Amount  
Building deductible \$5000  
Boiler and Machinery - included up to Building Limit  
Ordinance or Law A - Included up to Building Limit - \$5,000 Ded  
Ordinance or Law B&C - \$5,000,000 Combined Limit - \$5,000 Ded  
Flood - \$5,000,000 - \$10,000 Ded  
Earthquake - \$5,000,000 - \$10,000 Ded  
Underground Water - Included in Building Limit - \$10,000 Ded  
Backup of Sewers and Drains- Included in Building Limit - \$5,000 Ded  
Wind/Hail are not excluded subject to bldg ded.

Crime Policy - Includes Managing Agent Non Compensated D&O Rider