



TUDOARM-01

NVERDERESE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/5/2023

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).

| PRODUCER Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591 | CONTACT NAME: PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914) 457-4200 E-MAIL ADDRESS: info@levittfuirst.com | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|---|-------|---|-------|-------------|--|-------------|--|-------------|--|-------------|--|
| INSURED Tudor Arms Owners Corp. c/o Robert Orlofsky Realty Inc 7 Bryant Crescent, Ste 1C White Plains, NY 10605-2603 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Insurance Company of Greater New York</td> <td style="text-align: center;">22195</td> </tr> <tr> <td>INSURER B : Greenwich Insurance Company</td> <td style="text-align: center;">22322</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Insurance Company of Greater New York | 22195 | INSURER B : Greenwich Insurance Company | 22322 | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : | |
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| 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 LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|---------------|-------------------------|-------------------------|--|
| A | X COMMERCIAL GENERAL LIABILITY | | | 6131M20588 | 10/14/2023 | 10/14/2024 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | X WATER DAMAGE LEGAL L | | | | | | MED EXP (Any one person) \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ Included |
| A | AUTOMOBILE LIABILITY | | | 6131M20588 | 10/14/2023 | 10/14/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| B | X UMBRELLA LIAB | | | PPP7499216 | 10/14/2023 | 10/14/2024 | EACH OCCURRENCE \$ 10,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 10,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | Commercial Property | | | 6131M20588 | 10/14/2023 | 10/14/2024 | Spec/AA/RC Bldg 14,576,100 |
| A | Commercial Property | | | 6131M20588 | 10/14/2023 | 10/14/2024 | 72 Hr Ded 1,308,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

 Location: 31 Pondfield Road West Bronxville, NY 10708
 56 Units
CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Tudor Arms Owners Corp c/o Robert Orlofsky Realty Inc 7 Bryant Crescent Ste 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. AUTHORIZED REPRESENTATIVE |
|--|---|



ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|-----------------------------|--|--|
| AGENCY Levitt-Fuirst Associates, LTD | | NAMED INSURED Tudor Arms Owners Corp. c/o Robert Orlofsky Realty Inc 7 Bryant Crescent, Ste 1C White Plains, NY 10605-2603 | |
| POLICY NUMBER SEE PAGE 1 | | | |
| CARRIER SEE PAGE 1 | NAIC CODE SEE P 1 | EFFECTIVE DATE: SEE PAGE 1 | |

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 Coverages:

With Respects to Crime & D&O - Managing Agent Rider Applies

Total 56 Units

Additional Property Coverages:
 RC = Replacement Cost Endorsement
 AA = Agreed Amount Endorsement Applies: No coinsurance
 \$,3000 Deductible
 Ordinance or Law-A-Undamaged portion of Bldg-Included-\$3,000 Deductible
 Ordinance or Law - B&C Demo & ICC - \$5,000,000 Combined - \$3,000
 Deductible
 Flood - \$5,000,000 - \$10,000 Deductible
 Earthquake - \$5,000,000 - \$10,000 Deductible
 Sewer Backup & Underground Water - Included in Building Limit w/ \$5,000
 Deductible
 Equipment Breakdown-Included up to Building Limit w/ \$3,000 Ded

Directors & Officers - Continental Casualty - 0598927544 - 10/14/2023-10/14/2024- \$2,000,000 - \$1,000 Ded

Crime - Continental Insurance Company - 0251225608 - 10/14/2023 - 10/14/2024 - \$250,000 - \$2,500 Ded

Policy does not contain a Wind/Hail Exclusion or Separate Deductible

**Building is written Agreed Amount/Replacement Cost w/no Inflation Guard.
 Building valuation is maintained by endorsement as needed to increase
 limits.**