NVERDERESE

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

12/5/2023

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.

Levit	DUCER			ficate holder in lieu of such	NTACT				
E20 1	tt-Fuirst Associates, LTD		PHONE (A/C, No, Ext): (914) 457-4200 (A/C, No):			(914)	457-4200		
320 1 2nd	White Plains Road Floor			E	E-MAIL ADDRESS: info@levittfuirst.com				101 1200
Tarr	ytown, NY 10591				INSURER(S) AFFORDING COVERAGE				NAIC#
				IMO	INSURER A : Greater New York Mutual Insurance Co.				22187
INSUI	PED				INSURER B : XL Insurance America				24554
114301					INSURER C:				
	Bryant Gardens Corp 7 Bryant Crescent - Suite 1C				INSURER D:				
	White Plains, NY 10605				INSURER E :				
					SURER F :				
CO	VERAGES CERT	TIEI	ATE	NUMBER:	JOKEN I		REVISION NUMBER:		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEEN ISSUED			HE P	OLICY PERIOD
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CCLUSIONS AND CONDITIONS OF SUCH P	EQUI PER	REME	ENT, TERM OR CONDITION O THE INSURANCE AFFORDED	OF ANY CONTRA D BY THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT T	ECT T	O WHICH THIS
INSR			SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	answ.	1110		Unimi Sout (1.17)	ARIBINE LILLI	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			1131M36915	12/2/2023	11/2/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	s	Included
	OTHER:						EMPLOYEE BENEFI	s	1,000,000
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	ANY AUTO			1931C16371	12/2/2023	11/2/2024	BODILY INJURY (Per person)	s	
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)		
1	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	
	AUTOS ONET							s	
В	X UMBRELLA LIAB X OCCUR					11/2/2024	EACH OCCURRENCE	s	5,000,000
	EXCESS LIAB CLAIMS-MADE			AUR0505333	12/2/2023		AGGREGATE	s	5,000,000
	DED X RETENTION\$ 10,000							s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	S	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	
Λ	Building			1131M36915	12/2/2023	11/2/2024	AA/RC Special		77,050,000
Α	Business Income w EE			1131M36915	12/2/2023	11/2/2024	Ded 72 HR		4,750,000

Bryant Gardens Corp c/o Robert Orlofsky Realty 7 Bryant Gardens - Suite 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

ACORD 25 (2016/03)

ACORD

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Levitt-Fuirst Associates, LTD POLICY NUMBER SEE PAGE 1		NAMED INSURED Bryant Gardens Corp 7 Bryant Crescent - Suite 1C White Plains, NY 10605			
CARRIER	NAIC CODE				
SEE PAGE 1 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

Remarks

Bryant Gardens Corp., has obtained a new 11 month insurance policy that will renew on November 2, 2024 instead of December 2, 2024 (30 days earlier) for budgeting purposes. On November 2, 2024 Bryant Gardens Corp., will renew their policy for 12 months.

Additional Policy:

Agreed Amount /Replacement Cost Special Form

D&O CNA Pol# 1001435577-01, Term 12/2/2023 to 12/2/2024 \$1M Limit, \$5000 Ded

Crime Travelers # 107301038 09/15/2023 to 09/15/2026 -\$1,300,000 Limit \$5,000 Ded

Managing Agent Rider Included

Additional Coverages:

Blanket Building Coverage Applies
Building Deductible - \$5,000
Business Income is Actual Loss Sustained (ALS)
Equipment Breakdown - Included up to Building Limit - \$5,000 Ded
Ordinance or Law - A - Undamaged Portion - Included in Building Limit
Ordinance or Law - B - Demolition - \$3,775,000 - \$5,000 Ded
Ordinance or Law - C- ICC - \$3,775,000 - \$5,000 Ded
Earthquake - \$1,000,000 - 5% Ded
Flood - \$1,000,000 - \$25,000 Ded
Backup of Sewers/Underground Water - \$1,000,000 - \$5,000 Ded

Severability per policy form CG0001

Auto:

2017 GMC Vin: 1GT52VCG3HZ296774 2004 Carmate Vin: 5A3U610S54L004807 2005 Jeep Vin: 1J4FA69S45P307887 2018 Jeep: Vin: 1C4AJWBG6JL812160

^{*} Policy does not contain a Wind/Hail Exclusion or Separate Deductible