NVERDERESE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/8/2024

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 lie	CONTACT NAME:			
_evitt-Fuirst Associates, LTD	PHONE (A/C, No, Ext): (914) 457-4200 FAX (A/C, No): (914)	457-4200		
520 White Plains Road 2nd Floor	E-MAIL ADDRESS; info@levittfuirst.com			
Tarrytown, NY 10591	INSURER(S) AFFORDING COVERAGE			
	INSURER A: Travelers Casualty and Surety Company			
INSURED	INSURER B : XL Insurance America			
Patricia Gardens Owners, Inc	INSURER C: Travelers Casualty and Surety Company of America			
Robert Orlofsky Realty Inc 7 Bryant Crescent, Suite 1C	INSURER D:			
White Plains, NY 10605	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 ROWED AND 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, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.

NSR LTR	TYPE OF INSURANCE	NSD WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	X COMMERCIAL GENERAL LIABILITY	NSD WVD		THIND COLUMN	(IIIIII CO) (T) (T)	EACH OCCURRENCE	S	1,000,000
	CLAIMS-MADE OCCUR		680-9F295291-24-42	2/12/2024	2/12/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	300,000
			Property and the second			MED EXP (Any one person)	s	5,000
						PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	s	
	ANY AUTO		680-9F295291-24-42	2/12/2024	2/12/2025	BODILY INJURY (Per person)	\$	1,000,000
	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	40.000.000
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	S	10,000,000
	EXCESS LIAB CLAIMS-MADE		AUR0505541	2/12/2024	2/12/2025	AGGREGATE	\$	10,000,000
	DED X RETENTION \$ 10,000					Lorn Loru	S	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)	1/6				E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below				011010000	E.L. DISEASE - POLICY LIMIT	\$	
Α	Commercial Property		680-9F295291-24-42	2/12/2024	2/12/2025	\$5,000 Deductible		250 22
С	Crime		106873661	2/12/2024	2/12/2027	\$2500 Deductible		250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 1825, 1829, 1833 Palmer Ave Larchmont, NY 10835

Total # of Units all buildings - 65

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Patricia Gardens Owners Inc. 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

ACORD 25 (2016/03)

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LOC #: 1



ADDITIONAL REMARKS SCHEDULE

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AGENCY Levitt-Fuirst Associates, LTD POLICY NUMBER		NAMED INSURED Patricia Gardens Owners, Inc Robert Orlofsky Realty Inc	
		7 Bryant Crescent, Suite 1C White Plains, NY 10605	
SEE PAGE 1			
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

*Building Coverges: \$5,000 Deductible

Business Income - Actual Loss Sustained - 12 Months Buildings are written Replacement Cost /Agreed Amount

1825 Palmer Ave - \$4,573,067 1829 Palmer Ave - \$5,745,156 1833 Palmer Ave - \$5,745,156

Ordinance or Law - A - included in Building limits

Ordinance or Law - B - \$2,000,000 Ordinance or Law - C - \$2,000,000

Equipment Breakdown - Included up to Building Limits

Flood - \$1,000,000 - \$25,000 Deductible Earthquake - \$1,000,000 - 5% Deductible

Directors & Officers - Travelers Insurance Company - Policy #107044822, Term 02/24/24-02/24/25, Limit \$1,000,000, \$2,500 Deductible

Employee Dishonesty and D&O include Property Manager Rider and Non/Compensated D&O The policy is written Replacement Cost with no Co-Insurance. Policy does not contain a Wind/Hail Exclusion or Separate Deductible