



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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		CONTACT NAME: Sarah Atkinson	
Louisville / AssuredPartners NL 435 North Whittington Parkway, Suite 300 Louisville, KY 40222		PHONE (A/C, No, Ext): (502) 259-9282 1282	FAX (A/C, No): (502) 259-9282
		E-MAIL ADDRESS: sarah.atkinson@assuredpartners.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Lloyds of London	
		INSURER B: First Liberty Insurance Corp.	33588
		INSURER C: Arch Specialty Insurance Company	21199
		INSURER D: Endurance American Specialty Insurance Co	41718
		INSURER E: 	
		INSURER F: 	
INSURED	D&D Elevator Maintenance, Inc. dba Solid State Elevator Corporation 38 Hayes Street Elmsford, NY 10523		

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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS SHOWN MAY HAVE BEEN REDUCED BY THE				LIMITS						
INSR LTR	TYPE OF INSURANCE		ADDL INSD WVD	SUBR WWD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				B1881S240401	3/1/2024	3/1/2025	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence)	\$ 300,000	
								MED EXP (Any one person)	\$ 10,000	
								PERSONAL & ADV INJURY	\$ 5,000,000	
								GENERAL AGGREGATE	\$ 5,000,000	
								PRODUCTS - COMP/OP AGG	\$ 5,000,000	
								EBL AGGREGATE	\$ 1,000,000	
								OTHER:		
B	AUTOMOBILE LIABILITY				AS2651294593024	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (EA accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
									\$	
									\$	
C	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR			UXP104214803	3/1/2024	3/1/2025	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000	
	DED	RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N	WC6651294593014	3/1/2024	3/1/2025	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input type="checkbox"/>				E.L. EACH ACCIDENT	\$ 1,000,000	
				N / A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									
D	Excess Liability				EXC30004018703	3/1/2024	3/1/2025	2nd Layer (2x1)		2,000,000
A	Excess Liability				B1881S240409	3/1/2024	3/1/2025	3rd Layer (4x3)		4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Installation Coverage Included: \$1,500,000 Limit / \$1,000 Ded.

CERTIFICATE HOLDER

CANCELLATION

534 West 42nd Street Condo Association
c/o Livingston Management
534 West 42nd Street
New York, NY 10001

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

