



UEINVES-01

CROSE

DATE (MM/DD/YYYY)
2/21/2023

CERTIFICATE OF LIABILITY INSURANCE

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
Louisville / AssuredPartners NL
2305 River Road
Louisville, KY 40206

CONTACT Courtney Rose
NAME:
PHONE (A/C, No, Ext): (502) 259-9315 1315 FAX (A/C, No): (502) 259-9315
E-MAIL ADDRESS: courtney.rose@assuredpartners.com

INSURED
D&D Elevator Maintenance, Inc. dba Solid State Elevator Corporation
38 Hayes Street
Elmsford, NY 10523

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Lloyds of London	
INSURER B : Phoenix Insurance Company	25623
INSURER C : Arch Specialty Insurance Company	21199
INSURER D : Charter Oak Fire Insurance Co	25615
INSURER E : Endurance American Specialty Insurance Co	41718
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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		B1749S230072	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Included PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 EBL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	OTHER:					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		8104T3644142314	3/1/2023	3/1/2024	
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR X EXCESS LIAB CLAIMS-MADE		UXP104214802	3/1/2023	3/1/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB4W999287 - NEW YORK	3/1/2023	3/1/2024	X PER STATUTE \$ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Excess Liability		EXC30004018702	3/1/2023	3/1/2024	2nd Layer (3x2) \$ 3,000,000
A	Excess Liability		B1749S230073	3/1/2023	3/1/2024	3rd Layer (5x5) \$ 5,000,000

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.

Work Comp (PA & KY only): Policy #: UB5W013037 / Carrier: Charter Oak Fire Insurance Co. / Eff. 3-1-23 to 3-1-24 / Limits: \$1M; \$1M; \$1M
Work Comp (All Other States): Policy #: UB5W012803 / Carrier: Standard Fire Insurance Co. / Eff. 3-1-23 to 3-1-24 / Limits: \$1M; \$1M; \$1M

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