



Insurance Quote

Quote #: 0185972

Commercial Lines
Branch Manager :
Dennis Pollizotto

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

Insured 534 West 42nd Street Condominium
DBA

Date Issued Sep 16, 2024
Expiration Date

Insurer Ategrity Specialty Insurance Co
Non-Admitted
Coverage Commercial General Liability
Producer Lustgarten Associates, Inc.
Contact T. Guy Lustgarten

Policy Period 9/16/2024 - 9/16/2025
Term 12 Months
12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS
OF THE NAMED INSURED. THIS INSURANCE QUOTATION
WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY
OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

Terms and Conditions

Complete Terms and Conditions are contained in this quote packet (Coverage Sheet). Please review for all details.

Attachments

Coverage Sheet

Underwriting Subjective(s)

Subject to COI from all commercial tenants w/equal or greater liability limits and naming our insured as an additional insured

Required Documentation

- (x) Fully completed signed & dated Acord application & supplemental application
- (x) Name and telephone number for the inspection contact
- (x) Completed signed Tria form*
- (x) Completed Cert of Effort/ Affidavit
- (x) 30% deposit (Agency Check) balance due in 30 days. The deposit and net balance are to be from your agency and made payable to FTP Insurance.

Min Earned Premium 25

Premium	\$6,359.00
Fees	\$280.00
Policy Fee	\$115.00
Inspection Fee	\$165.00

PREMIUM PAYMENT IS DUE WITHIN THIRTY (30) DAYS FROM EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

Taxes	\$238.46
Surplus Lines Tax	\$228.92
Stamping Office Fee	\$9.54
Total	\$6,877.46

Premium referenced does not include Terrorism Coverage. Should the Insured elect to purchase TRIA, the additional premium will be \$318 plus taxes.

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAYBE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.



Ategrity Specialty Insurance Company

Coverage afforded by this policy is provided by the Company (Insurer) and named in the Declarations.

In Witness Whereof, the Company has caused this policy to be executed and attested.

A handwritten signature in cursive script, appearing to read "Just L Gl", written in black ink.

Secretary

A handwritten signature in cursive script, appearing to read "Just L Gl", written in black ink.

President



ATEGRITY SPECIALTY INSURANCE COMPANY

COMMON POLICY QUOTATION

QUOTE NO: 01-C-PK-Q2409131069349
New

ACCOUNT NUMBER:
NAMED INSURED AND MAILING ADDRESS
534 West 42nd Street Condominium

AGENCY NUMBER: 0000002001
AGENCY AND MAILING ADDRESS
FTP, INC
105 Maxes Rd Suite S133
Melville New York 11747

POLICY PERIOD: FROM 09/13/2024 TO 09/13/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Form of Business:

Business Description:

Minimum Earned Premium: 25%

TERRORISM RISK INSURANCE ACT CHARGES IS Rejected

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.	
	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$6,359
COMMERCIAL PROPERTY COVERAGE PART	Not Applicable
COMMERCIAL INLAND MARINE COVERAGE PART	Not Applicable
LIQUOR LIABILITY COVERAGE PART	Not Applicable
CRIME AND FIDELITY COVERAGE PART	Not Applicable
Policy Premium	\$6,359

QUOTE NO: 01-C-PK-Q2409131069349
NAMED INSURED: 534 West 42nd Street Condominium

EFFECTIVE DATE: 09/13/2024
AGENT: FTP, INC

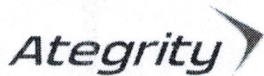
TRIA - OPTIONAL COVERAGE	REFER ASIC-NOT-0004
INSPECTION FEE	\$165.00
Stamping Fee	\$9.54
SURPLUS LINES TAXES	\$228.92
POLICY FEE	\$115.00
TOTAL	\$6,877.46

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS: See Forms Schedule

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S), FORMS AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

SUBJECTIVITIES

1. Signed Application
2. TRIA
3. No flat cancellation
4. Subcontractors/Vendors must provide certificates of insurance naming insured as AI
5. Inspection
6. 5-Year loss runs
7. 25% Minimum Earned



ATEGRITY SPECIALTY INSURANCE COMPANY

GENERAL LIABILITY

QUOTATION

QUOTE NO: 01-C-PK-Q2409131069349
NAMED INSURED: 534 West 42nd Street Condominium

EFFECTIVE DATE: 09/13/2024
AGENT: FTP, INC

ACCOUNT NUMBER:
NAMED INSURED AND MAILING ADDRESS
534 West 42nd Street Condominium

AGENCY NUMBER: 0000002001
AGENCY AND MAILING ADDRESS
FTP, INC
105 Maxes Rd Suite S133
Melville New York 11747

POLICY PERIOD: FROM 09/13/2024 TO 09/13/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

AUDIT FREQUENCY: Not Applicable

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

This Quote is valid for 60 days from the above date or until the effective date, whichever comes first.

COMMERCIAL GENERAL LIABILITY COVERAGE

LIMITS OF INSURANCE	
GENERAL AGGREGATE	\$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL INJURY & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000 ANY ONE PREMISES
MEDICAL EXPENSE	\$5,000 ANY ONE PERSON

DEDUCTIBLE	
Deductible Endorsement	\$1,000

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:	
1	534 W 42nd St, New York , NY 10036
2	534 W 42nd St, New York , NY 10036

Loc	Coverage	Class	CC	PremBase	Exp	Premises Rate	Product Rate	Other Rate	Premium
1	Premises/Product	Condominiums - residential (association risk only) Products-completed operations are subject to the General Aggregate Limit	62003	Number of Units	8	701.13			\$5,609
2	Premises/Product	Buildings or Premises - bank or office - mercantile or manufacturing (lessor's risk only) - Other than Not-For-Profit Products-completed operations are subject to the General Aggregate Limit	61212	Square Feet	850	835.61			\$750 (MP)

GENERAL LIABILITY PREMIUM	\$6,359
---------------------------	---------

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:See Forms Schedule

THESE DECLARATIONS AND THE COMMON POLICY DECLARATION, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATIONS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY



ATEGRITY SPECIALTY INSURANCE COMPANY

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q2409131069349

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

534 West 42nd Street Condominium

AGENCY NUMBER: 0000002001

AGENCY AND MAILING ADDRESS

FTP, INC

105 Maxes Rd Suite S133

Melville New York 11747

POLICY PERIOD: FROM 09/13/2024 TO 09/13/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

POLICY FORMS

ASIC-AF-0000	01 23	Cover Page
ASIC-AF-0003	01 23	Service Of Suit Clause
ASIC-AF-0004	09 18	Minimum Earned Cancellation Premium
ASIC-GL-0014	07 18	Classification Limitation
ASIC-GL-0015	12 21	Punitive Or Exemplary Damages Exclusion
ASIC-GL-0026	08 18	Contractors Special Conditions
ASIC-GL-0027	07 19	Minimum And Advance Premium Endorsement
ASIC-GL-0029	08 18	Amendment Of Conditions (nonrenewal)
ASIC-GL-0031	08 18	Continuing Or Ongoing Damage Exclusion
ASIC-GL-0037	08 18	Premium Audit
ASIC-GL-0038	08 18	Amendment Of Nonpayment Cancellation Condition
ASIC-GL-0039	08 18	Lead Contamination Exclusion
ASIC-GL-0040	08 18	Asbestos Exclusion
ASIC-GL-0045	08 18	Marijuana Cannabis Liability Exclusion
ASIC-GL-0050	08 18	Hydraulic Fracturing Exclusion
ASIC-GL-0057	07 20	Animal Exclusion
ASIC-GL-0062	08 18	Communicable Disease Exclusion
ASIC-GL-0065	04 19	Total Firearms Exclusion
ASIC-GL-0066	08 18	Total Assault And/or Battery Exclusion
ASIC-GL-0069	08 18	Known Injury Or Damage Exclusion - Personal And Advertising Injury
ASIC-GL-0071	08 18	Amendment To Other Insurance Condition
ASIC-GL-0079	08 18	Total Liquor Liability Exclusion
ASIC-GL-0085	03 23	Total Pollution Exclusion Endorsement
ASIC-GL-0089	08 18	Multi-unit Habitational Conversion Exclusion
ASIC-GL-0091	08 18	Habitability Exclusion
ASIC-GL-0095	08 18	Absolute Employee And Worker Injury And Liability Exclusion
ASIC-GL-0099	08 18	Athletic Or Sports Participant Exclusion
ASIC-GL-0100	08 18	Exclusion - Vermin
ASIC-GL-0109	09 18	Deductible Endorsement
ASIC-GL-0128	12 18	Exclusion - Snow Removal, Ice Removal Or Plowing Operations
ASIC-GL-0149	05 19	Exclusion - Human Trafficking
ASIC-GL-0151	06 19	Cross Liability Exclusion
ASIC-GL-0169	07 22	Lessors Risk Only Endorsement
ASIC-GL-0172	08 22	Controlled Substance Exclusion
ASIC-GL-0173	09 22	Exclusion Interior Building Collapse



ATEGRITY SPECIALTY INSURANCE COMPANY

FORMS SCHEDULE

QUOTE NO: 01-C-PK-Q2409131069349

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

534 West 42nd Street Condominium

AGENCY NUMBER: 0000002001

AGENCY AND MAILING ADDRESS

FTP, INC

105 Maxes Rd Suite S133

Melville New York 11747

POLICY PERIOD: FROM 09/13/2024 TO 09/13/2025 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

ASIC-GL-0174	09 22	Trampoline And Inflatable Exclusion
ASIC-GL-0175	09 22	Exclusion - Water Related Bodily Injury And Property Damage
ASIC-GL-0177	09 22	Conditional Exclusion - Swimming Pool Barrier Requirement
ASIC-GL-0180	10 22	Exclusion - Electromagnetic Radiation
ASIC-GL-0181	10 22	Occupational Disease Exclusion
ASIC-GL-0185	03 23	Exclusion Unmanned Aircraft
ASIC-NOT-0002	09 22	Claim Reporting Information
ASIC-NOT-0004	12 20	Policyholder Disclosure - Notice Of Terrorism Insurance Coverage
CG 00 01	04 13	Commercial General Liability Coverage Form
CG 01 63	07 11	New York Changes - Commercial General Liability Coverage Form
CG 20 02	11 85	Additional Insured - Club Members
CG 20 04	11 85	Additional Insured - Condominium Unit Owners
CG 21 07	05 14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-related Liability - Limited Bodily Injury
CG 21 16	04 13	Exclusion Designated Professional Services
CG 21 44	04 17	Limitation Of Coverage To Designated Premises, Project Or Operation
CG 21 47	12 07	Exclusion Employment-related Practices
CG 21 67	12 04	Exclusion Fungi Or Bacteria
CG 21 73	01 15	Exclusion Of Certified Acts Of Terrorism
CG 21 86	12 04	Exclusion Exterior Insulation Finishing Systems
IL 00 17	11 98	Common Policy Conditions
IL 00 21	09 08	Nuclear Energy Liability Exclusion



ATEGRITY SPECIALTY INSURANCE COMPANY

IMPORTANT INFORMATION POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.



NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

PLEASE SELECT ONE OF THE FOLLOWING TO EITHER ACCEPT OR REJECT TERRORISM INSURANCE COVERAGE:

- ☐ I hereby elect to purchase terrorism coverage for a prospective premium of \$ 318, I understand that the federal Terrorism Risk Insurance program Reauthorization Act of 2015 may terminate on December 31, 2027. Should that occur my coverage for terrorism as defined by the Act will also terminate.
- ☐ I hereby reject the purchase of certified terrorism coverage.

534 West 42nd Street Condominium

Name of Insured/Firm

Policyholder/Applicant's Signature

01-C-PK-Q2409131069349

Policy Number, if available

Print Name

09/13/2024

Date