



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2025

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		CONTACT NAME: Vlora Osmanovic
Grand Insurance Agency 8000 Cooper Ave. Ste. 8313		PHONE (A/C, No. Ext): (718) 205-1711 FAX (A/C, No): (646) 619-4770
Glendale		E-MAIL ADDRESS: Vlora@Grand-Ins.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: STATE NATIONAL INSURANCE COMPANY, INC. NAIC # 12831
INSURED		INSURER B: PROGRESSIVE 24260
KNS BUILDING RESTORATION, INC 6981 75TH ST MIDDLE VILLAGE NY 11379-2532		INSURER C: STARR INDEMNITY 38318
		INSURER D: NEW YORK STATE INSURANCE FUND 36102
		INSURER E: SHELTERPOINT LIFE INSURANCE CO. 81434
		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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PSI2500719	01/28/2025	01/28/2026	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 5,000,000	
	<input checked="" type="checkbox"/> WAIVER OF SUBROGATION						PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 4,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
B	OTHER:						Per Project Agg Lmt	\$ 5,000,000	
	AUTOMOBILE LIABILITY			983086966	06/27/2024	06/27/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		1000585559251	01/28/2025	01/28/2026	EACH OCCURRENCE	\$ 9,000,000	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 9,000,000	
	DED <input type="checkbox"/> RETENTION \$							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> Y/N		G13795364	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH- ER	STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT		\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
E	DISABILITY			D184127	06/17/2024	06/17/2025	LIMITS		STAT. LIMITS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Consolidated Edison Company of New York, Inc.; Consolidated Edison, Inc. is included as additional insured where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Consolidated Edison Company of New York, Inc.
4 Irving Place
New York, NY 10003

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

Vlora Osmanovic



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Grand Insurance Agency 8000 Cooper Ave. Ste. 8313		INSURER(S) AFFORDING COVERAGE		NAIC #
Glendale NY 11385-7733		INSURER A: STATE NATIONAL INSURANCE COMPANY, INC.		12831
INSURED		INSURER B: PROGRESSIVE		24260
KNS BUILDING RESTORATION, INC 6981 75TH ST MIDDLE VILLAGE NY 11379-2532		INSURER C: STARR INDEMNITY		38318
		INSURER D: NEW YORK STATE INSURANCE FUND		36102
		INSURER E: SHELTERPOINT LIFE INSURANCE CO.		81434
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	PSI2500719	01/28/2025	01/28/2026	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input checked="" type="checkbox"/> WAIVER OF SUBROGATION						MED EXP (Any one person)	\$ 5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
B	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						Per Project Agg Lmt	\$ 5,000,000	
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	Y	Y	983086966	06/27/2024	06/27/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						BODILY INJURY (Per accident)	\$	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						PROPERTY DAMAGE (Per accident)	\$	
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 checked="" type="checkbox"/> N	N/A	G13795364	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE	OTHR-	STATUTORY LIMITS
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
E	DISABILITY			D184127	06/17/2024	06/17/2025	LIMITS	STAT. LIMITS	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Livingston Management Services LLC, Living Holdings LLC, and Living Real Estate Group LLC, Consolidated Edison, Inc. and any property owner at any location where work is performed either (i) subject to a Contract or Purchase Order or (ii) without a Purchase Order under the master insurance agreement are included as additional insureds on a primary and noncontributory basis. 30/10 days' notice of cancellation applies to certificate holder. Liability and Umbrella coverages are provided on a primary and non contributory basis and do not have any exclusions for contractual liability, independent contractors, gravity/height related injury and injuries sustained by employee of an insured or any insured

CERTIFICATE HOLDER		CANCELLATION	
Livingston Management Services LLC 225 West 35th 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 <i>Vlora Osmanovic</i>	

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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	1000585559251	01/28/2025	01/28/2026	PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$ 9,000,000	
							AGGREGATE	\$ 9,000,000	
								\$	
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 checked="" type="checkbox"/> N	N/A	Y	G13795364	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE	STATUTORY LIMITS
								E.L. EACH ACCIDENT	\$ 1,000,000
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E	DISABILITY			D184127	06/17/2024	06/17/2025	LIMITS	STAT. LIMITS	

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certificate holder as blanket additional insured as required by written contract. such policies are primary non contributory includes waiver of subrogation, no residential exclusion, no height restriction, injury to workers ie, Labor law 240 - 241 aka action over. Endorsements as follows, CG 2001 (04 13), CG 2010 (04 13), CG2037 (04 13), CG 2404 (04 13)

CERTIFICATE HOLDER

CANCELLATION

534 WEST 42ND ST CONDOMINIUM
534 WEST 42ND STREET
NEW YORK NY 10036

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

Vlora Osmanovic