



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2024

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 lieu of such endorsement(s).

<b>PRODUCER</b> Grand Insurance Agency 8000 Cooper Ave. Ste. 8313  Glendale NY 11385-7733	<b>CONTACT NAME:</b> Vlora Osmanovic <b>PHONE (A/C, No. Ext):</b> (718) 205-1711 <b>FAX (A/C, No):</b> (646) 619-4770 <b>E-MAIL ADDRESS:</b> Vlora@Grand-Ins.com																					
<b>INSURED</b>  KNS BUILDING RESTORATION, INC 6981 75TH ST MIDDLE VILLAGE NY 11379-2532	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>STATE NATIONAL INSURANCE COMPANY, INC.</td><td>12831</td></tr><tr><td>INSURER B:</td><td>PROGRESSIVE</td><td>24260</td></tr><tr><td>INSURER C:</td><td>STARR INDEMNITY</td><td>38318</td></tr><tr><td>INSURER D:</td><td>NEW YORK STATE INSURANCE FUND</td><td>36102</td></tr><tr><td>INSURER E:</td><td>SHELTERPOINT LIFE INSURANCE CO.</td><td>81434</td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	STATE NATIONAL INSURANCE COMPANY, INC.	12831	INSURER B:	PROGRESSIVE	24260	INSURER C:	STARR INDEMNITY	38318	INSURER D:	NEW YORK STATE INSURANCE FUND	36102	INSURER E:	SHELTERPOINT LIFE INSURANCE CO.	81434	INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	STATE NATIONAL INSURANCE COMPANY, INC.	12831																				
INSURER B:	PROGRESSIVE	24260																				
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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>CONTRACTUAL LIABILITY</b> <input checked="" type="checkbox"/> <b>WAIVER OF SUBROGATION</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PSI2400611	01/28/2024	01/28/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Per Project Agg Lmt \$ 5,000,000	
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	983086966	06/27/2024	06/27/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	1000585559241	01/28/2024	01/28/2025	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$	
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y	G13795364	04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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	<b>DISABILITY</b>			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)**

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

© 1988-2015 ACORD CORPORATION. All rights reserved.