



CERCEXT-01

LFIGUEROA

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2024

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).

| | | | |
|--|--|-------------------------------|--------|
| PRODUCER Levitt-Fuirst Associates, LTD 520 White Plains Road 2nd Floor Tarrytown, NY 10591 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): (914) 457-4200 | FAX (A/C, No): (914) 457-4200 | |
| | E-MAIL ADDRESS: info@levittfuirst.com | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : State National Insurance Company | | 12831 |
| INSURED Cerccone Exterior Restoration Corp 2 East 28th Street, Suite 860 New York, NY 10016 | INSURER B : New York State Insurance Fund | | 36102 |
| | INSURER C : ShelterPoint | | 81434 |
| | INSURER D : RSUI Indemnity Company | | 22314 |
| | INSURER E : | | |
| | 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 | X | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ 2,000,000 |
| | | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | X | X | PSI2400607 | 1/31/2024 | 1/31/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | X | Contractual Liab | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | | POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,000 |
| | OTHER: | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | \$ |
| | | HIRED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | \$ |
| | | SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | NON-OWNED AUTOS ONLY | | | | | | | \$ |
| A | | UMBRELLA LIAB | X | | | | | EACH OCCURRENCE | \$ 3,000,000 |
| | X | EXCESS LIAB | | | AVM2400391 | 1/31/2024 | 1/31/2025 | AGGREGATE | \$ 3,000,000 |
| | | DED | | | | | | | \$ |
| | | RETENTION \$ | | | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | Y / N | | | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | N | N / A | 1463639-3 | 6/29/2023 | 6/29/2025 | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| C | Disability | | | | DBL260141 | 9/11/2023 | 9/10/2026 | Statutory Limits | |
| D | Excess Liab | | X | X | NHA106337 | 1/31/2024 | 1/31/2025 | Aggregate | 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
534 WEST 42ND ST CONDOMINIUM, 534 WEST 42ND STREET, NEW YORK, NY 10036 is included as additional insured as required by written contract. Primary and Non-Contributory applies. Waiver of Subrogation applies.

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 |