



## 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 | Levitt-Fuirst Associates, LTD<br>520 White Plains Road<br>2nd Floor<br>Tarrytown, NY 10591 | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): (914) 457-4200 | FAX<br>(A/C, No): (914) 457-4200 |
|          |  | E-MAIL<br>ADDRESS: info@levittfuirst.com                    |                                  |
|          |  | INSURER(S) AFFORDING COVERAGE                               | NAIC #                           |
|          |  | INSURER A : State National Insurance Company                | 12831                            |
| INSURED  | Cercone Exterior Restoration Corp<br>2 East 28th Street, Suite 860<br>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<br>LTR | TYPE OF INSURANCE   |  | ADDL<br>INSD                                     | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |              |
|-------------|---|--|--|-------------|---------------|----------------------------|----------------------------|--|--------------|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                  |  |  |             |               |                            |                            | EACH OCCURRENCE                                    | \$ 2,000,000 |
|             | <input type="checkbox"/> CLAIMS-MADE  | <input checked="" type="checkbox"/> OCCUR        |  |             |               |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)       | \$ 50,000    |
|             | <input checked="" type="checkbox"/> Contractual Liab                              |  |  |             |               |                            |                            | 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 |
|             |   |  |  |             |               |                            |                            |  | \$           |
|             | GEN'L AGGREGATE LIMIT APPLIES PER:  |  |  |             |               |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)             | \$           |
|             | <input type="checkbox"/> POLICY   | <input checked="" type="checkbox"/> PRO-<br>JECT | <input type="checkbox"/> LOC                     |             |               |                            |                            | BODILY INJURY (Per person)                         | \$           |
|             |   |  |  |             |               |                            |                            | BODILY INJURY (Per accident)                       | \$           |
|             |   |  |  |             |               |                            |                            | PROPERTY DAMAGE<br>(Per accident)                  | \$           |
|             |   |  |  |             |               |                            |                            |  | \$           |
|             | AUTOMOBILE LIABILITY  |  |  |             |               |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)             | \$           |
|             | <input type="checkbox"/> ANY AUTO   |  |  |             |               |                            |                            | BODILY INJURY (Per person)                         | \$           |
|             | OWNED<br>AUTOS ONLY   |  | <input type="checkbox"/> SCHEDULED<br>AUTOS      |             |               |                            |                            | BODILY INJURY (Per accident)                       | \$           |
|             | Hired<br>AUTOS ONLY   |  | <input type="checkbox"/> NON-OWNED<br>AUTOS ONLY |             |               |                            |                            | PROPERTY DAMAGE<br>(Per accident)                  | \$           |
| A           | UMBRELLA LIAB   | <input checked="" type="checkbox"/> OCCUR        |  |             |               |                            |                            | EACH OCCURRENCE                                    | \$ 3,000,000 |
|             | <input checked="" type="checkbox"/> EXCESS LIAB                                   |  | <input type="checkbox"/> CLAIMS-MADE             |             |               |                            |                            | AGGREGATE  | \$ 3,000,000 |
|             | DED   | RETENTION \$                                     |  |             |               |                            |                            |  | \$           |
| B           | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY                                  | <input checked="" type="checkbox"/> Y/N          |  |             |               |                            |                            | <input checked="" type="checkbox"/> PER<br>STATUTE | OTH-<br>ER   |
|             | ANY PROPRIETOR/PARTNER/EXECUTIVE<br>OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NY) | <input type="checkbox"/> N                       |  |             |               |                            |                            | E.L. EACH ACCIDENT                                 | \$ 1,000,000 |
|             | If yes, describe under<br>DESCRIPTION OF OPERATIONS below                         |  |  |             |               |                            |                            | 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   |  |  |             | 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)<br>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<br>534 WEST 42ND STREET<br>New York, NY 10036 |  |  |  |  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS. |  |  |  |  |
| AUTHORIZED REPRESENTATIVE<br>  |  |  |  |  |  |  |  |  |  |