



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 Grand Insurance Agency 8000 Cooper Ave. Ste. 8313	CONTACT NAME: Vlora Osmanovic	FAX (A/C, No): (646) 619-4770
	PHONE (A/C, No, Ext): (718) 205-1711	
Glendale	NY 11385-7733	E-MAIL ADDRESS: Vlora@Grand-Ins.com
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: STATE NATIONAL INSURANCE COMPANY, INC.	12831
INSURED	INSURER B: MERCHANTS INSURANCE	23329
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		Y	Y	PSI2400611		01/28/2024	01/28/2025	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														
	<input checked="" type="checkbox"/>	WAIVER OF SUBROGATION								PERSONAL & ADV INJURY	\$ 2,000,000														
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 4,000,000														
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC									PRODUCTS - COMP/OP AGG	\$ 4,000,000														
	OTHER:									Per Project Agg Lmt	\$ 5,000,000														
B	AUTOMOBILE LIABILITY				Y	Y	CAPI063240		06/27/2023	06/27/2024	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"/>						BODILY INJURY (Per accident)	\$														
	<input checked="" type="checkbox"/>	HIRED AUTOS ONLY		<input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$														
											\$														
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB		<input checked="" type="checkbox"/>	OCCUR		Y	Y	01/28/2024	01/28/2025	EACH OCCURRENCE	\$ 9,000,000													
	EXCESS LIAB			<input type="checkbox"/>	CLAIMS-MADE						AGGREGATE	\$ 9,000,000													
	<input type="checkbox"/>	DED	RETENTION \$									\$													
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				Y / N	N / A	Y	G13795364		04/01/2024	04/01/2025	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER												
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											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)

Livingston Management Services LLC, Living Holdings LLC, and Living Real Estate Group LLC, 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 non-contributory 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

Vlora Osmanovic