



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2024

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>MERCHANTS INSURANCE</td><td>23329</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:	MERCHANTS INSURANCE	23329	INSURER C:	STARR INDEMNITY	38318	INSURER D:	NEW YORK STATE INSURANCE FUND	36102	INSURER E:	SHELTERPOINT LIFE INSURANCE CO.	81434	INSURER F:		
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**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>						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"/> <b>CONTRACTUAL LIABILITY</b>						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> <b>WAIVER OF SUBROGATION</b>	Y	Y	PSI2400611	01/28/2024	01/28/2025	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
	OTHER:						Per Project Agg Lmt \$ 5,000,000
B	<b>AUTOMOBILE LIABILITY</b>						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	Y	Y	CAPI063240	06/27/2023	06/27/2024	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"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR						EACH OCCURRENCE \$ 9,000,000
	<input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE	Y	Y	1000585559241	01/28/2024	01/28/2025	AGGREGATE \$ 9,000,000
	DED RETENTION \$						\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	G13795364	04/01/2024	04/01/2025	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)**

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 <i>Vlora Osmanovic</i>

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