



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/08/2024

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		CONTACT NAME: Vlora Osmanovic
Grand Insurance Agency 8000 Cooper Ave. Ste. 8313		PHONE (A/C, No. Ext): (718) 205-1711 FAX (A/C, No): (646) 619-4770
Glendale		E-MAIL ADDRESS: Vlora@Grand-Ins.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: STATE NATIONAL INSURANCE COMPANY, INC. NAIC # 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	PSI2400611	01/28/2024	01/28/2025	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input checked="" type="checkbox"/> WAIVER OF SUBROGATION						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 2,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 4,000,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	Y	Y	CAPI063240	06/27/2023	06/27/2024	PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS						Per Project Agg Lmt	\$ 5,000,000	
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	Y	1000585559241	01/28/2024	01/28/2025	PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$ 9,000,000	
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$ 9,000,000	
								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> Y/N <input type="checkbox"/> N/A		
D	E.L. EACH ACCIDENT	\$ 1,000,000							
	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000							
	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000							
E	DISABILITY	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)

Consolidated Edison Company of New York, Inc. is included as additional insured where required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Consolidated Edison Company of New York, Inc.
4 Irving Place
New York, NY 10003

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