



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/2024

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 Grand Insurance Agency 8000 Cooper Ave. Ste. 8313 Glendale NY 11385-7733		CONTACT NAME: Vlora Osmanovic PHONE (A/C, No, Ext): (718) 205-1711 FAX (A/C, No): (646) 619-4770 E-MAIL ADDRESS: Vlora@Grand-Ins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: STATE NATIONAL INSURANCE COMPANY, INC.	NAIC # 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:	

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	☒ COMMERCIAL GENERAL LIABILITY			PSI2400611	01/28/2024	01/28/2025	EACH OCCURRENCE	\$ 2,000,000	
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	☒ CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$ 5,000	
	☒ WAIVER OF SUBROGATION	Y	Y				PERSONAL & ADV INJURY	\$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 4,000,000
	☐ POLICY ☒ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	OTHER:						Per Project Agg Lmt	\$ 5,000,000	
B	AUTOMOBILE LIABILITY			CAPI063240	06/27/2023	06/27/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	☒ ANY AUTO						BODILY INJURY (Per person)	\$	
	☒ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS	Y	Y				BODILY INJURY (Per accident)	\$	
	☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	☐							\$	
C	☒ UMBRELLA LIAB ☒ OCCUR			1000585559241	01/28/2024	01/28/2025	EACH OCCURRENCE	\$ 9,000,000	
	☐ EXCESS LIAB ☐ CLAIMS-MADE	Y	Y				AGGREGATE	\$ 9,000,000	
	☐ DED ☐ RETENTION \$							\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			G13795364	04/01/2024	04/01/2025	☒ PER STATUTE ☐ OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				Y	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)

Consolidated Edison Company of New York, Inc.; Consolidated Edison, 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

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