



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2024

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: Coleen Lupo	
Hilb Group of New Jersey, LLC dba William H Connolly & Co 56 Park St Montclair		PHONE (A/C, No, Ext): (973) 744-8500	FAX (A/C, No): (973) 744-6021
		E-MAIL ADDRESS: clupo@hilbgroup.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Travelers Indemnity Company	
		INSURER B: Continental Casualty Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED		NAIC #	
Rodriguez + Gambino Architectural Building Envelope Consultants D.P.C. 1298 Richmond Rd Staten Island		25658	
NY 10304			

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 <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <input checked="" type="checkbox"/> JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	6800J638864	04/21/2023	04/21/2024	EACH OCCURRENCE \$ 1,000,000			
							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000	
							MED EXP (Any one person)		\$ 5,000	
							PERSONAL & ADV INJURY		\$ 1,000,000	
							GENERAL AGGREGATE		\$ 2,000,000	
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	6800J638864	04/21/2023	04/21/2024	PRODUCTS - COMP/OP AGG		\$ 2,000,000	
							COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000	
							BODILY INJURY (Per person)		\$	
							BODILY INJURY (Per accident)		\$	
							PROPERTY DAMAGE (Per accident)		\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP7F541462	04/21/2023	04/21/2024	EACH OCCURRENCE		\$ 4,000,000	
							AGGREGATE		\$ 4,000,000	
									\$	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTHE-		
							E.L. EACH ACCIDENT		\$	
							E.L. DISEASE - EA EMPLOYEE		\$	
							E.L. DISEASE - POLICY LIMIT		\$	
B	Professional Liability			AEH591888058	04/21/2023	04/21/2024	Per Claim		\$ 1,000,000	
							Aggregate		\$ 2,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policies provide a 30 days written Notice of Cancellation except for non-payment of premium to the Certificate Holder.

For General Liability, The 534 West 42nd Street Condominium, 534 West 42nd Street LLC, Livingston Management Services LLC, Living Holdings LLC, and Living Real Estate Group LLC, and Consolidated Edison Company of New York, Inc. are included as Additional Insureds and coverage is Primary and Non-Contributory when required by written contract as per form #CGD381(09/15) and a Waiver of Subrogation applies when required by written contract as per form #CGD379(02/19).

CERTIFICATE HOLDER

CANCELLATION

Livingston Management Services LLC 225 West 35th Street New York		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 
NY 10001		

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AGENCY CUSTOMER ID: 00621647

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY Hilb Group of New Jersey, LLC		NAMED INSURED Rodriguez + Gambino,
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

For Automobile Liability, they are included as Additional Insureds and coverage is Primary and Non-Contributory as per form# #CGD381(09/15).

For Umbrella Liability, they are included as Additional Insureds, coverage is Primary & Non-Contributory and a Waiver of Subrogation applies when required by written contract as per form #EU0001(07/16).