



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/2021

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> JEM GENERAL AGENCY, INC. 6 Gramatan Ave Suite 612 MOUNT VERNON NY 10550		<b>CONTACT NAME:</b> SANTIAGO CAMPODONICO <b>PHONE (A/C, No. Ext):</b> (718) 283-4068 <b>FAX (A/C, No):</b> (718) 747-8484 <b>E-MAIL ADDRESS:</b> INFO@JEMINSURE.COM	
<b>INSURED</b> GMN CONTRACTING CORP 3023 89th St East Elmhurst NY 11369		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> PENN STARR INSURANCE COMPANY <b>INSURER B:</b> NEW YORK STATE INSURANCE FUND <b>INSURER C:</b> STANDARD SECURITY LIFE INSURANCE COMPANY <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10673 ----- 69078	

## 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>	Y	Y	PAV0279978	10/17/2020	10/17/2021	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$ 1,000,000
	<input checked="" type="checkbox"/> PRIMARY&NONCONTRIBUTORY						\$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000
	OTHER:						PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS ONLY						\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> OCCUR						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N Y	N/A	Q25268830	10/17/2020	10/17/2021	PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
							\$ 1,000,000
							\$ 1,000,000
							\$ 1,000,000
C	DISABILITY BENEFITS			Z08881-000	10/17/2020	10/17/2021	STATUTORY LIMITS


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

THE CERTIFICATE HOLDER IS ALSO NAMED AS ADDITIONAL INSURED.

JOB ADDRESS : 336 EAST 56TH STREET, NEW YORK, NY 10022

## CERTIFICATE HOLDER

## CANCELLATION

CHARLES HENRY PROPERTIES, LLC P.O. BOX 682 NEW YORK, NY 10108	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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