

✓
ASPEN AMERICAN INSURANCE COMPANY
175 CAPITAL BLVD, SUITE 300
ROCKY HILL, CT 06067

Apn 2855357
LIVING

COMMON POLICY DECLARATIONS

POLICY NUMBER BNY0022895-001																	
POLICY TERM 3 YEAR	ACCOUNT NUMBER 1017598 ADJ. NO.																
PRODUCER Brownstone Agency, Inc. 32 Old Slip, 8th Floor New York NY 10005 (212) 962-5620 Fax (212) 742-7934	NAMED INSURED AND MAILING ADDRESS ✓ THE 534 WEST 42ND STREET ✓ CONDOMINIUM C/O LIVINGSTON MANAGEMENT ✓ 225 WEST 35TH ST, SUITE 1500 ✓ NEW YORK NY 10001																
POLICY PERIOD: FROM 07/07/15 TO 07/07/18 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS ✓ SHOWN																	
ADJUSTMENT DATE: ✓																	
BUSINESS DESCRIPTION: CONDOMINIUM ASSOCIATION																	
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.																	
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:																	
<table style="width: 100%;"><thead><tr><th></th><th style="text-align: right;"><u>PREMIUM</u></th></tr></thead><tbody><tr><td>COMMERCIAL PROPERTY COVERAGE</td><td style="text-align: right;">\$14,201.00</td></tr><tr><td>COMMERCIAL LIABILITY COVERAGE</td><td style="text-align: right;">\$3,687.00</td></tr><tr><td>EQUIPMENT BREAKDOWN</td><td style="text-align: right;">\$2,093.00</td></tr><tr><td>DIRECTORS & OFFICERS LIABILITY</td><td style="text-align: right;">\$455.00</td></tr><tr><td>TERRORISM COVERAGE</td><td style="text-align: right;">\$694.00</td></tr><tr><td>NY FIF</td><td style="text-align: right;">\$118.91</td></tr><tr><td style="text-align: right;">TOTAL</td><td style="text-align: right;">\$21,248.91</td></tr></tbody></table>			<u>PREMIUM</u>	COMMERCIAL PROPERTY COVERAGE	\$14,201.00	COMMERCIAL LIABILITY COVERAGE	\$3,687.00	EQUIPMENT BREAKDOWN	\$2,093.00	DIRECTORS & OFFICERS LIABILITY	\$455.00	TERRORISM COVERAGE	\$694.00	NY FIF	\$118.91	TOTAL	\$21,248.91
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TOTAL	\$21,248.91																
FORMS APPLICABLE TO ALL COVERAGE PARTS:																	
See Schedule of Forms and Endorsements																	
TOTAL PREMIUM \$21,130.00 + \$118.91 NYFIF																	
THE POLICY MAY BE SUBJECT TO ADJUSTMENT.																	
COUNTERSIGNED _____ DATE Issued: 07-09-15	BY <u>John V. Simone</u> AUTHORIZED REPRESENTATIVE																

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATION OF PREMISES SCHEDULE
COMMERCIAL LINES POLICY

Named Insured: THE 534 WEST 42ND STREET CONDOMINIUM		Date: 07/07/15	Policy Number: BNY0022895-001
Location Number:	Building Number:	DESIGNATED PREMISES: (ADDRESS, CITY, STATE, ZIP CODE)	Occupancy:
1	1	534 WEST 42ND STREET NEW YORK NY 10036 ✓ Applies to: PROPERTY & LIABILITY	✓ 7 UNITS W/ MERC

**COMMERCIAL PROPERTY DECLARATIONS
COMMERCIAL PROPERTY COVERAGE PART**

ADJ. NO.

Named Insured THE 534 WEST 42ND STREET CONDOMINIUM	Date 07/07/15	Policy Number BNY0022895-001
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DESCRIPTION OF PREMISES: SEE DESIGNATION OF PREMISES SCHEDULE

COVERAGES PROVIDED: INSURANCE AT THE DESCRIBED LOCATION APPLIES ONLY FOR COVERAGES FOR WHICH A LIMIT OF INSURANCE IS SHOWN.

OPTIONAL COVERAGES: APPLICABLE ONLY WHEN SHOWN BY "X" IN SCHEDULE BELOW.

LOC. NO.	BLDG. NO.	COVERAGE/CONSTRUCTION	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINS.
1	1	BUILDING	\$4,000,000	SPECIAL	AA

OTHER PROVISIONS

☒ AGREED VALUE: \$4,000,000
 ☒ REPLACEMENT COST
 ☐ INFLATION GUARD %
☐ BUSINESS INCOME INDEMNITY: MONTHLY LIMIT PERIOD: MAX. EXT.
 DEDUCTIBLE: \$5,000 EARTHQUAKE DEDUCTIBLE: 2 % EXCEPTIONS:

LOC. NO.	BLDG. NO.	COVERAGE/CONSTRUCTION	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINS.
1	1	BUS. INCOME INCL. EXTRA EXP	\$100,000	SPECIAL	100%

OTHER PROVISIONS

☐ AGREED VALUE:
 ☐ REPLACEMENT COST
 ☐ INFLATION GUARD %
☐ BUSINESS INCOME INDEMNITY: MONTHLY LIMIT PERIOD: MAX. EXT.
 DEDUCTIBLE: EARTHQUAKE DEDUCTIBLE: N/A % EXCEPTIONS:

LOC. NO.	BLDG. NO.	COVERAGE/CONSTRUCTION	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINS.

OTHER PROVISIONS

☐ AGREED VALUE:
 ☐ REPLACEMENT COST
 ☐ INFLATION GUARD %
☐ BUSINESS INCOME INDEMNITY: MONTHLY LIMIT PERIOD: MAX. EXT.
 DEDUCTIBLE: EARTHQUAKE DEDUCTIBLE: % EXCEPTIONS:

LOC. NO.	BLDG. NO.	COVERAGE/CONSTRUCTION	LIMIT OF INSURANCE	COVERED CAUSES OF LOSS	COINS.

OTHER PROVISIONS

☐ AGREED VALUE:
 ☐ REPLACEMENT COST
 ☐ INFLATION GUARD %
☐ BUSINESS INCOME INDEMNITY: MONTHLY LIMIT PERIOD: MAX. EXT.
 DEDUCTIBLE: EARTHQUAKE DEDUCTIBLE: % EXCEPTIONS:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured: THE 534 WEST 42ND STREET CONDOMINIUM	Date: 07/07/15	Policy Number: BNY0022895-001																																
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**COMMERCIAL PROPERTY DECLARATIONS
COMMERCIAL PROPERTY COVERAGE PART (CONTINUED)**

ADJ. NO.

Named Insured THE 534 WEST 42ND STREET CONDOMINIUM	Date 07/07/15	Policy Number BNY0022895-001
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FORMS APPLICABLE:

See Schedule of Forms and Endorsements

MORTGAGE HOLDERS:

PREM NO.	BLDG NO.	
1	1	STERLING NATIONAL BANK STERLING REAL ESTATE HOLDING 650 5TH AVENUE, 4TH FLOOR NEW YORK NY 10022 AS FIRST MORTGAGEE

X

REMOVE

LOSS PAYEES:

PREM NO.	BLDG NO.	


TAX OR SURCHARGE:	\$	\$118.91
PREMIUM-THIS COVERAGE PART:	\$	\$14,201.00

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
BCG 0017 09 11COMMERCIAL GENERAL LIABILITY COVERAGE PART
DECLARATIONS

NAMED INSURED THE 534 WEST 42ND STREET CONDOMINIUM	EFFECTIVE DATE 07/07/15	POLICY NUMBER BNY0022895-001
FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Organization including a corporation (but not including a Partnership, Joint Venture or Limited Liability Company)		
ALL PREMISES YOU OWN, RENT OR OCCUPY. (See DESIGNATION OF PREMISES SCHEDULE)		
THESE DECLARATIONS ARE COMPLETED ON THE ATTACHED COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE(S).		
LIMITS OF INSURANCE		
General Aggregate Limit	\$ 2,000,000	
Products-Completed Operations Aggregate Limit	\$ N/A	
Personal Injury and Advertising Injury Limit	\$ 1,000,000 Any one person or organization	
Each Occurrence Limit	\$ 1,000,000	
Damage To Premises Rented To You Limit	\$ 100,000 Any one premises	
Medical Expense Limit	\$ 25,000 Any one person	
RETROACTIVE DATE (For Claims Made Coverage Only)		
This insurance does not apply to any "bodily injury" or "property damage" which occurs, or an offense committed, before the Retroactive Date, if any, shown below: Retroactive Date: _____ (Enter date or "None" if no Retroactive Date applies)		
FORMS AND ENDORSEMENTS		
FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:		
PREMIUM		
STATE TAX OR OTHER CHARGE (If Applicable):	\$	
ADVANCE PREMIUM FOR PREMISES/OPERATIONS	\$	3,687.00
ADVANCE PREMIUM FOR PRODUCTS/COMPLETED OPERATIONS	\$	
TOTAL COVERAGE PART PREMIUM	\$	3,687.00

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
SCHEDULE OF GENERAL LIABILITY CHANGES

NAMED INSURED THE 534 WEST 42ND STREET CONDOMINIUM		DATE 07/07/15	POLICY NUMBER BNY0022895-001	
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CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED, OR CHANGED AS INDICATED.				
THE FOLLOWING CLASS CODE INFORMATION IS				
CLASSCODE 65185	PREMIUM BASIS SQUARE FEET (AREA)	PREMISES/OPERATIONS		
LOCATION 1/ 1	EXPOSURE 8740 * VACANT 183	RATE	PREMIUM	
CLASS DESCRIPTION 5 or more family 		VARIOUS		
		PRODUCTS/COMP OPERATIONS		
		RATE	PREMIUM	
THE FOLLOWING CLASS CODE INFORMATION IS				
CLASSCODE	PREMIUM BASIS	PREMISES/OPERATIONS		
LOCATION	EXPOSURE	RATE	PREMIUM	
CLASS DESCRIPTION				
		PRODUCTS/COMP OPERATIONS		
		RATE	PREMIUM	
THE FOLLOWING CLASS CODE INFORMATION IS				
CLASSCODE	PREMIUM BASIS	PREMISES/OPERATIONS		
LOCATION	EXPOSURE	RATE	PREMIUM	
CLASS DESCRIPTION				
		PRODUCTS/COMP OPERATIONS		
		RATE	PREMIUM	
		includes copyrighted material of ISO Properties, Inc. used with permission		

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Named Insured: THE 534 WEST 42ND STREET CONDOMINIUM	Date: 07/07/15	Policy Number: BNY0022895-001																
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Loc	Bldg Coverage (Commercial Liability)	Limit	Deductible															
1	1 WATER DAMAGE LEGAL LIABILITY	\$1,000,000	\$5,000															
1	1 DIRECTORS & OFFICERS LIAB	\$1,000,000	\$1,000 RETENTION															
1	1 HIRED / NON-OWNED AUTO LIAB	\$1,000,000	N/A															

**COMMERCIAL CRIME COVERAGE PART
DECLARATIONS**

The Commercial Crime Coverage Part consists of this Declarations Form and the Commercial Crime Coverage Form.

EMPLOYEE BENEFIT PLAN(S) INCLUDED AS NAMED INSURED(S): _____

THE 534 WEST 42ND STREET

INSURING AGREEMENTS, LIMITS OF INSURANCE AND DEDUCTIBLES:

INSURING AGREEMENTS	LIMIT OF INSURANCE			DEDUCTIBLE AMOUNT		
	Per Occurrence			Per Occurrence		
1. <input checked="" type="checkbox"/> Employee Theft	\$	Per	Dec Page	\$	Per	Dec Page
2. Forgery Or Alteration						
3. Inside The Premises - Theft Of Money And Securities						
4. Inside The Premises - Robbery Or Safe Burglary Of Other Property						
5. Outside The Premises						
6. Computer Fraud						
7. Funds Transfer Fraud						
8. Money Orders And Counterfeit Paper Currency						

If Added by Endorsement, Insuring Agreement(s):

\$

\$

If "Not Covered" is inserted above opposite any specified Insuring Agreement, such Insuring Agreement and any other reference thereto in this policy is deleted.

ENDORSEMENTS FORMING PART OF THIS COVERAGE PART WHEN ISSUED:

CANCELLATION OF PRIOR INSURANCE: By acceptance of this Coverage Part you give us notice cancelling prior policy Nos. _____ the cancellation to be effective at the time this Coverage Part becomes effective.

COUNTERSIGNED _____

(Date)

BY: _____

(Authorized Representative)

NOT-FOR-PROFIT MANAGEMENT LIABILITY COVERAGE PART DECLARATIONS

Claims Made Disclosure Statement

The D&O Liability Coverage Part is written on a claims-made basis. The Coverage Part provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the Coverage Part. The Coverage Part covers only claims actually made against the insured while the Coverage Part remains in effect and all coverage under the Coverage Part ceases upon termination of the Coverage Part except for the sixty (60) day automatic extended reporting period coverage, unless the insured purchases the three (3) year additional extended reporting period option coverage.

Note: Potential coverage gaps may arise upon expiration of the extended reporting period if replacement coverage is not purchased. During the first several years of the claims made relationship, claims made rates are comparatively lower than occurrence rates and the insureds can expect substantial annual premium increases, independent of overall rate increases, until the claims made relationship reaches maturity.

Named Organization:	THE 534 WEST 42ND STREET CONDOMINIUM	
Mailing Address:	✓ C/O LIVINGSTON MANAGEMENT 225 WEST 35TH ST, SUITE 1500 NEW YORK NY 10001	
Policy Period		
From:	✓ 07/07/15	
To:	✓ 07/07/18 12:01 A.M. at your mailing address shown above.	

Business Description:

Limit Of Liability	
Per claim for Coverages A, B or C including "claims expenses":	✓ \$1,000,000
Aggregate for Coverages A, B and C including "claims expenses":	✓ \$1,000,000

Retention Amounts	
Coverage A (each claim)	✓ \$ 1,000
Coverage B (each claim)	✓ \$ 1,000
Coverage C (each claim)	✓ \$ 1,000

Retroactive Date	
This insurance does not apply to a "claim" arising out of a "wrongful act" which occurs before the retroactive date, if any, shown below.	
Retroactive Date (Coverages A and B):	✓ 12/28/12 (Enter date or "none" if no retroactive date applies.)
Retroactive Date (Coverage C):	✓ 12/28/12 (Enter date or "none" if no retroactive date applies.)

Pending Or Prior Litigation Date

Pending Or Prior Date (Coverages A and B): 12/28/12
(Enter date or "none" if no pending or prior date applies.)

Pending Or Prior Date (Coverage C): 12/28/12
(Enter date or "none" if no pending or prior date applies.)

Optional Extended Reporting Period

1. For risks with a claims-made relationship of 3 years or more, 110% of "insured's" last Annual Premium for three (3) years.
2. For risks with a claims-made relationship of 3 years or less, 100% by the expiring premium to arrive at your additional premium charge for the endorsement.

Endorsements Applicable To This Coverage Part (Show Numbers)

Countersignature Of Authorized Representative

Name:

Title:

Signature:

Date:

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SCHEDULE OF FORMS AND ENDORSEMENTS

NAMED INSURED THE 534 WEST 42ND STREET CONDOMINIUM		EFFECTIVE DATE 07/07/15	POLICY NUMBER BNY0022895-001
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BDEC0001(09/11) ✓COMMON POLICY DECLARATIONS BCP0025(09/11) ✓DESIGNATION OF PREMISES SCHEDULE BCP0001(09/11) ✓COMMERCIAL PROPERTY DECLARATIONS BIL0002(09/11) ✓DECLARATIONS OVERFLOW BCP0002(09/11) ✓COMMERCIAL PROPERTY DECLARATIONS (CONTINUED) BCG0017(09/11) ✓COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS BCG0016(09/11) ✓SCHEDULE OF GENERAL LIABILITY CHANGES BCR0990(09/11) ✓COMMERCIAL CRIME COVERAGE PART DECLARATIONS BEONY0002(09/11) NOT FOR PROFIT MANAGEMENT LIABILITY DECLARATIONS ASPCO098(02/13) ✓COMPANY SIGNATURE PAGE IL0017(11/98) ✓COMMON POLICY CONDITIONS IL0023(07/02) ✓NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT IL0183(08/08) ✓NEW YORK CHANGES - FRAUD IL0268(01/11) ✓NEW YORK CHANGES - CANCELLATION AND NONRENEWAL IL0952(01/15) ✓CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM IL0985(01/15) ✓DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT BCP0003(09/11) ✓BUILDING AND PERSONAL PROPERTY COVERAGE FORM- NEW YORK BCP0006(09/11) ✓WATER BACKUP-UP AND SUMP OVERFLOW BCP0007(11/11) ✓FLOOD COVERAGE ENDORSEMENT BCP0010(09/11) ✓WATER EXCLUSION ADVISORY BCP0013(09/11) ✓EQUIPMENT BREAKDOWN COVERAGE BCP0014(09/11) ✓EQUIPMENT BREAKDOWN COVERAGE SCHEDULE BCP0015(09/11) ✓BROWNSTONE CAUSES OF LOSS - SPECIAL FORM CP0030(06/07) ✓BUSINESS INCOME (AND EXTRA EXPENSE) COVERAGE FORM CP0090(07/88) ✓COMMERCIAL PROPERTY CONDITIONS CP0133(01/11) ✓NEW YORK CHANGES CP0178(08/08) ✓NEW YORK - EXCLUSION OF LOSS DUE TO VIRUS OR BACTERIA CP0405(04/02) ✓ORDINANCE OR LAW COVERAGE CP1032(08/08) ✓WATER EXCLUSION ENDORSEMENT CP1045(08/99) ✓EARTHQUAKE AND VOLCANIC ERUPTION ENDORSEMENT (SUB-LIMIT) CPDS06(10/00) ✓EARTHQUAKE VOLCANIC ERUPTION COVERAGE SCHEDULE CR0020(05/06) ✓COMMERCIAL CRIME COVERAGE FORM (DISCOVERY FORM) CR0155(10/10) ✓NEW YORK CHANGES (CRIME) IL0935(07/02) ✓EXCLUSION OF CERTAIN COMPUTER RELATED LOSSES BCG0001(09/11) ✓BROWNSTONE PERSONAL LIABILITY BCG0004(10/13) ✓HIRED AND NON OWNED AUTO LIABILITY BCG0005(09/11) ✓WATER DAMAGE LIMITS OF LIABILITY ENDORSEMENT BCG0009(10/13) ✓ASBESTOS EXCLUSION ENDORSEMENT BEONY0001(09/11) NOT FOR PROFIT MANAGEMENT LIABILITY COVERAGE PART BEONY0005(09/11) NEW YORK AMENDATORY ENDORSEMENT BEONY0006(09/11) NEW YORK CHANGES			

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