



21 Downing Street Front 1
New York, New York
10014

Invoice

Date	Invoice #
2/20/2018	1548

Bill To
CLAUDE 336 EAST 56 STREET NEW YORK NY

Job Location
CLAUDE 336 EAST 56 STREET NEW YORK, NY

Customer PO#	Terms	Rep	Completion D...
			2/20/2018

Item Code	Description	Quantity	Amount
14 Plumbing	<p>336 East 56th Street</p> <p>Bargain respond to service call requesting to meet with Conedison in order to pressure test building to turn on gas.</p> <p>First Day-Bargain couldn't have complied with the request on the same day due to no access to each apartment</p> <p>Second day-Bargain performed gas integrity test and discovered several leaks on the Building. Only option was to the as follow:</p> <p>Removed, Furnished and installed approx. 120 feet of 1" 1/4 black pipe from Basement (meters) through two risers (3rd floor); servicing six (6) apartments; including all necessary fittings and supports</p> <p>Furnished and installed six (6) branches; servicing all stove, including new shut of valves for each range, located in each apartment; including all necessary fittings and supports</p> <p>Furnished and installed six (6) new hose connections; including all necessary fittings and supports</p> <p>After all inside the Building work was completed; bargain discovered, leaks coming from the OSP main</p> <p>Replaced, furnished and installed, approx. 70 feet of 1" 1/2 from OSP</p>		21,000.00T

Subtotal
Sales Tax (8.875%)
Total
Balance Due



CERTIFICATE OF LIABILITY INSURANCE

BARGSER-01

BE

DATE (MM/DD/YYYY)

02/27/2018

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 License # 0E63493
Orr & Associates Insurance Services
28780 Single Oak Dr
Ste 255
Temecula, CA 92590

CONTACT NAME:
PHONE (A/C, No, Ext): (951) 506-5859 FAX (A/C, No): (800) 474-3003
E-MAIL ADDRESS: service@orrandassociates.com

INSURED

Bargain Plumbing and Heating LLC
21 Downing St. FRNT 1
New York, NY 10014

INSURER(S) AFFORDING COVERAGE
INSURER A: United Specialty Insurance Company NAIC # 12537
INSURER B:
INSURER C:
INSURER D:
INSURER E:
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 SUBR INSD 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:	X X	SI13337A219315	10/10/2017	10/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is named as additional insured per attached endorsement form(s).
Re: 336 East 56th Street

CERTIFICATE HOLDER

Charles Henery Properties LLC.
P.O. Box 682
New York, NY 10108

CANCELLATION

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

Lori Schavone

ENDORSEMENT TO POLICY NO. 10b
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNITED SPECIALTY INSURANCE COMPANY

COMMERCIAL GENERAL LIABILITY POLICY

BLANKET ADDITIONAL INSURED
INCLUDING PRIMARY COVERAGE AND WAIVER OF SUBROGATION

The section of the policy entitled II. - **WHO IS AN INSURED** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. The coverage afforded by this endorsement is only;

- (1) with respect to liability of the **Additional Insured** in connection with the original **Named Insured's** ongoing operations performed for said **Additional Insured**; and
- (2) only if the **Additional Insured** performs all obligations required under the **Policy**.

The coverage afforded to an **Additional Insured** is limited to a claim made for a **Covered Loss** not covered by other insurance available to an **Additional Insured**, and is limited by **SECTION IV. - COMMERCIAL GENERAL LIABILITY CONDITIONS**, paragraph 4. **Other Insurance, b.**, of the policy, which provision applies equally to an **Additional Insured** and is made a part of this Endorsement.

Other than as expressly modified herein, coverage for the **Additional Insured** is governed by the terms and conditions of this policy, including the insuring agreement. No coverage is afforded under the "products-completed operations hazard" for an **Additional Insured** pursuant to this endorsement. The coverage afforded to an **Additional Insured** under this endorsement ends as of the date of completion, abandonment or termination of the work of the original **Named Insured** at any jobsite, project or structure.

The "work" of the original **Named Insured** will be deemed completed as of the date all work, including materials, parts or equipment furnished in connection

with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or when that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization, including another contractor or subcontractor engaged in performing operations as part of the same project.

The coverage provided for the **Additional Insured** is only to the extent that the additional insured is held liable for the negligence or strict liability of the **Named Insured**. No coverage is provided for liability based upon the acts, errors and omissions of the **Additional Insured**.

No coverage is provided to an **Additional Insured** for damages because of "bodily injury" to an employee of the original **Named Insured**, whether suit is brought or claim is made by the employee or the parent, spouse, child or sibling of such employee, or any entity seeking damages because of injury to such employee.

If required by written contract: the insurance afforded by the policy to the **Additional Insured** shall be primary insurance, and any insurance or self-insurance maintained by the above **Additional Insured** shall be excess of the insurance afforded to the **Named Insured** and shall not contribute to it.

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an **Additional Insured** per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.

Except as set forth above, all of the terms, conditions, and exclusions of this policy apply and remain in effect.

Policy No.: SI13337A219315

Date 10/10/2017

Time: 12:01 a.m.

United Specialty Insurance Company
3250 Grey Hawk Ct, Ste. Z
Carlsbad, CA 92010

By:

Phillip Salvaggio
Authorized Representative