

BB017658448

Policy Number

Renewal Of

National Union Fire Insurance Company  
Of Pittsburgh, PA  
(A capital stock Company)  
Executive Office  
70 Pine Street  
New York, NY 10270  
(212) 770-7000

Agency Name and Address:  
Distinguished Programs Ins.  
Brokerage, LLC  
1180 Avenue of the Americas  
Floor 16  
New York, NY 10036

Producing Broker:  
Rampart Brokerage Corp.  
516-538-7000

## DECLARATIONS PAGE

**Item 1. Named Insured and P.O. Address**

534 West 42nd Street LLC  
c/o Livingston Management Services, LLC  
225 W. 35th Street Suite 1500  
NEW YORK, NY 10036

**Item 2. Policy Period:**

From 07-07-2014 to 07-07-2015 12:01 A.M Standard Time at Location of designated premises.

**Item 3. The Named Insured is:** Limited Liability Corporation

<b>Item 4. Designated Premises</b>	<b>Occupancy of Premises</b>	<b>Type of Construction</b>
534 W 42ND ST NEW YORK, NY 10036-6219	7 unit Condo w/ Merc	Masonry Non-Combustible

**Item 5.** INSURANCE IS PROVIDED WITH RESPECT TO THE DESIGNATED PREMISES AND WITH RESPECT TO THOSE COVERAGES AND KINDS OF PROPERTY FOR WHICH A SPECIFIC LIMIT OF LIABILITY IS SHOWN, SUBJECT TO ALL OF THE TERMS OF THIS POLICY INCLUDING FORMS AND ENDORSEMENTS MADE A PART HEREOF.

### SECTION I

#### PROPERTY COVERAGE-

**Special Form**

BUILDING				PERS. PROPERTY		Business Income		ADDL LIVING EXP.	
LOC #	BLDG #	LIMIT	COINS.	LIMIT	COINS.	LIMIT	COINS.	LIMIT	COINS.
1	1	\$4,000,000	Agreed Amount / Replacement Cost	\$0	N/A	\$100,000	100%	\$0	N/A

#### DEDUCTIBLE

**EACH OCCURRENCE**      **AGGR. EACH OCCURRENCE**

\$5,000

**EXCEPT FOR:** Water Damage Deductible at \$5000 each occurrence.

Flood Deductible: 2% of the applicable Flood Limit

Earthquake & Volcanic Eruption Deductible: 2% of the applicable Earthquake Limit

### SECTION II

#### LIABILITY COVERAGE

		<b>Bodily Injury and Property Combined Single Limit</b>		<b>Premises Medical Payments</b>	
LOC #	BLDG #	Each occurrence	Aggregate	Each person	Each accident
1	1	\$1,000,000	\$2,000,000	\$5,000	\$25,000

Additional Coverage (specify)      Personal and Advertising Injury Included.

### SECTION III

#### CRIME COVERAGE

LOC #	BLDG#	LIMIT
1	1	Insuring Agreement A.1 - Employee Fidelity \$50,000

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**Item 6.**

**The Total Advance Premium is: \$9,417 NYFIF: \$34.63**

Non Auditable unless so indicated

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225 W. 35th Street Suite 1500  
NEW YORK, NY 10036

### Item 7. Additional Coverages

#### PROPERTY COVERAGE

LOC #	BLDG #	COVERAGE	LIMIT
1	1	Equipment Breakdown	Included
1	1	Discharge from Sewer, Drain or Sump (Not Flood Related)	\$1,000,000
1	1	Flood	\$1,000,000
1	1	Earthquake	\$1,000,000
1	1	Ordinance Or Law Coverage - Cov. A	Included
1	1	Ordinance Or Law Coverage - Cov. B	Max \$500,000, or up to building limit, whichever is less
1	1	Ordinance Or Law Coverage - Cov. C	Max \$500,000, or up to building limit, whichever is less

#### INLAND MARINE

LOC #	BLDG #	COVERAGE	LIMIT
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#### LIABILITY COVERAGE

LOC #	BLDG #	COVERAGE	LIMIT
1	1	Water Damage Legal Liability - \$2,500 Deductible applies each occurrence	\$1,000,000 Each Occurrence
1	1	Damage to Premises Rented to you	\$100,000
1	1	Hired/Non-Owned	\$1,000,000
1	1	Directors & Officers	\$1,000,000

### Item 8. Forms and Endorsements made part of this policy at time of issue:

See Form # IL12 01 11 85 Policy Changes - Schedule of Forms and Endorsements

### Item 9. Schedule of Additional Interests

See schedule of Additional Interests

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## DECLARATIONS PAGE

By signing below, the President and Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.

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PRESIDENT

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SECRETARY

This Policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations page of the policy.

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AUTHORIZED REPRESENTATIVE

---

COUNTERSIGNATURE

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DATE

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COUNTERSIGNED AT

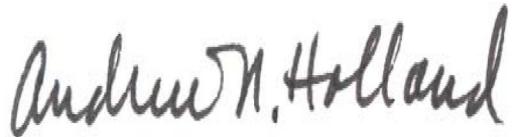
See Form #78711 (02/09) Attached

## ADDENDUM TO THE DECLARATIONS

By signing below, the President and the Secretary of the Insurer agree on behalf of the Insurer to all the terms of this Policy.



John Q. Doyle  
PRESIDENT



Andrew Holland  
SECRETARY

Granite State Insurance Company  
The Insurance Company of the State of Pennsylvania  
Illinois National Insurance Co.  
New Hampshire Insurance Company  
American Home Assurance Company  
National Union Fire Insurance Company of Pittsburgh, Pa.  
Commerce and Industry Insurance Company

This Policy shall not be valid unless signed at the time of issuance by an authorized representative of the Insurer, either below or on the Declarations page of the Policy.



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AUTHORIZED REPRESENTATIVE

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COUNTERSIGNATURE DATE

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COUNTERSIGNED AT