



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/22/2024

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 101 Eisenhower Parkway Ste 400 Roseland		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		20443

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"/> 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- JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	6800J638864	04/21/2024	04/21/2025	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>			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	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
							EACH OCCURRENCE	\$ 1,000,000															
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																						
	\$																						
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	6800J638864	04/21/2024	04/21/2025	<table border="1"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </table>			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CUP7F541462	04/21/2024	04/21/2025	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$ 4,000,000</td></tr> <tr><td>AGGREGATE</td><td>\$ 4,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>			EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000		\$								
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								\$															
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				<table border="1"> <tr><td>PER STATUTE</td><td>OTH- ER</td></tr> <tr><td colspan="2">E.L. EACH ACCIDENT</td></tr> <tr><td colspan="2">E.L. DISEASE - EA EMPLOYEE</td></tr> <tr><td colspan="2">E.L. DISEASE - POLICY LIMIT</td></tr> </table>	PER STATUTE	OTH- ER	E.L. EACH ACCIDENT		E.L. DISEASE - EA EMPLOYEE		E.L. DISEASE - POLICY LIMIT									
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							E.L. DISEASE - EA EMPLOYEE																
							E.L. DISEASE - POLICY LIMIT																
B	Professional Liability			AEH591888058	04/21/2024	04/21/2025	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, Consolidated Edison Company of New York, Inc. and Consolidated Edison, 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

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AGENCY CUSTOMER ID: 00621647

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

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).